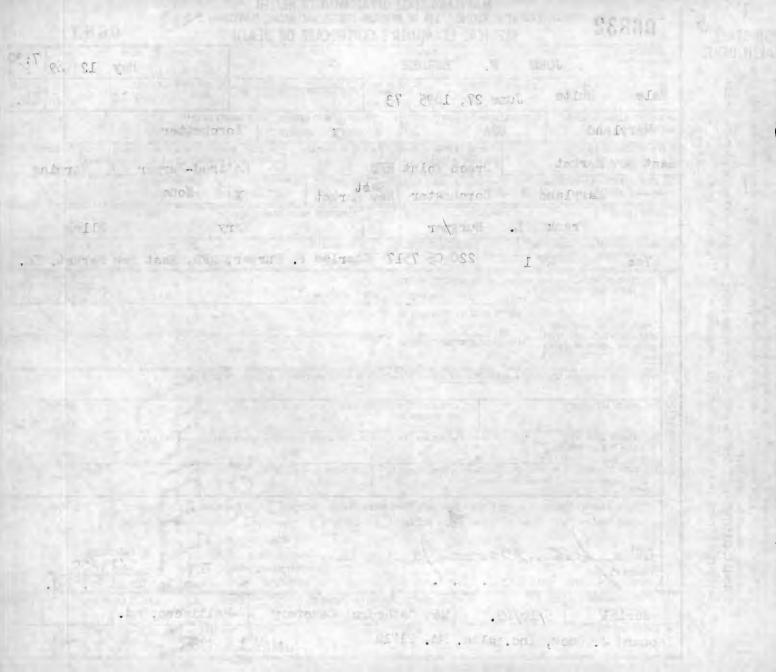
12	1	tem2 Fi	ImGL13	MARYLAND OF VITAL RECORDS, 3	STATE DE	ARTMENT OF	HEALTH	TAND 21201		
FOR STATE	C	0/23/69	8830	MEDICAL EXA	MINER'S	FRTIFICATE	OF DEATH	DAND ZIZOI	(06829
HEALTH DEPT		ECEASED-NAME	First		iddle	Last	OI DEATH	20 DATE KNOW		Doy Year 2b. HOUR
	(Type ar Print)	Allar	n Mur	PRV	Baird	1	OF ESTI- DEATH MATER	= 5=7	977 1969 2.3
d 3 to d 3 to . Page nent of	3. S	200	4. RACE	S. DATE OF BIRTH	6. AGE (In year		IF UNDER 24 HRS. HOURS MIN.	2c. DATE PRONO	UNCED DEAD	2d. HOUR
any delo		lale	White	10/19/1896		RS.		Month 5	Day 17	9 Year 19 69 3-3
- E		BIRTHPLACE (Stote		b. CITIZEN OF WHAT COUNTRY?		ARRIED NEVER MA	_	UNTY OF DEATH		
for for		TITY OR TOWN OF				DOWED DIVO	DRCED 120 HSHAL O	CCUPATION (Kind of		Md. 12b. KIND OF BUSINESS OR
be executed within 24 hours ofter death any pending in pencifirm lem 18. Give Pages 1, 2, a lief Medical Examines office along with farm PN possit permit. File pages Yand 2 with the State Brant event within 72 hours ofter death.	10	Cambri		give street oddress	PA-Md	Hospital	during most	of working life, ev Pance D	en if retired.)	INDUSTRY
Give Give ang th th	13a.	DECIMAL DECIDENCE	r (unit	ed lived if institution. Resider	re hefore 13r (IY OR TOWN 13	3d. INSIDE CITY LIMITS?	13e. STREET AND		
s ofter 18. Give e along 2 with deoth	0	dmissian) STATE	Md.	13b. COUNTY Cheste	r Cs	mbridge	YES NO	706 L	ocust	St.
hours of them 18. Office all And 2 will offer dec	14. F	ATHER'S NAME	First	Middle	Lost	IS. MOTHER'S MAI	DEN NAME First		Middle	Lost
1 2 T 2 .			James		Baird		Anni			Murray
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencifirm should be forwarded to the Chief Medical Examiners files. 3 should be used as a burial-transit permit. File pages option, or removal, and in any event within 72 hours.		es no, or unknow	ER IN U.S. ARMED FI	was or dates of senuce)		17. INFORMANT	433		DDRESS	
with n per Exon File					3-9234	A Mrs.	Allan	Baird	Cambri	APPROXIMATE INTERVAL
should be executed to word "pending" in ony event within		PART I. DI	EATH WAS CAUSED		morrhe	ØA				Fow min.
Med Med per ut w		441.	2 IMPLUIA	TE CAUSE (a) FIE DUE TO, OR AS A CONSEC		5				
pe 'pe 'pe 'pe 'pe 'pe 'pe 'pe 'pe 'pe '		Conditions, if o	ny, which gove	(b) Ruptur	e aneu	rysm abd	dominal	aorta.		l day.
should e word o the Ch ouriol-tro		stoting the un		DUE TO, OR AS A CONSE	DUENCE OF					
sho sho		last.	,	(c)						
certificate s writing the irwarded to used as a bi	-	PART 2. OTHER S	IGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMINAL D	ISEASE OR CONDITI	ON GIVEN IN PART	1(a)	
ware ed c	TION	19a. DATE OF O	PERATION	19b. CONDIT	ON FOR WHICH C	PERATION				20. AUTOPSY?
tricate, v be for la us	CERTIFICATION			WAS PE	RFORMED?					YES NO
MINER: This certificate, write should be forwar riles. 3 should be used motion, or removo	1 CER	21g. EXTERNAL C	AUSE WAS CONTRIBUTING [216. TIME OF INJURY Manth	i, Day, Year	21c. HOW INJURY OC	CCURRED (Enter nat	ure of injury in Par	rt 1 ar Part 2, It	em 18.)
Cent cent hould les. shou	MEDICAL	CAUSE OF DEATH	1	P.M.	19	444 10 4171041 6		1.0		
	2	21d. INJURY OCC		PLACE OF INJURY (At home, forr tary, affice building, etc.)	n, street,	21f. LOCATION Street	or R.F.D. No.	City or Town	n.	County State
L EXA ecute Page or you R: Pog				1.1	J				to accion (1 . 11
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page			sulfed fram:	nak charge of the remains Natural causes X	Accident	Suicide .	Hamicide	Ispection .	Inquiry ned manner	
ITY blease e erol director be retained RAL DIRECTOR prior to bu		dedili 16.		Marorar cooses (22),	Accident		EF MEDICAL EXAMI		icu mainer	
ry, ple erol di erol di cal Di prion		ACTUAL SIGNATURE	for.	more	-LA		ISTANT MEDICAL EX		22b. DATE	
PUT sary uner v be VER,		EXAMINER'S	7	1 ve m-	1.		PUTY MEDICAL EXAM		_5/	19/69
	- 00	NAME (Type)		ohn Mace Jr.			DRESS(Street, city, 1	***		22
0 = = 2 D =	230	BURIAL, CREMAT REMOVAL (Speci Urlal	fu)	In a In a I a		RY OR CREMATORY		I. LOCATION (City of		(County) (State)
(3/0)		FUNERAL DIRECTO		19/1969 Do	ADDRESS	er Mem. P	25a REC'D BY R	GAMDRI GISTRAR 2ST	b. REGISTRAR'S	rchester Md
VR A15MERS	1	1	11/	A. Cambr	idea M	d. 21613	MAY 2 2	1969	Charle	Under .

balas regule pully Extremely of adjust alegate rscottend D.a. Togendanell Comparing Company Latter Town Latter of the Company Md. Derenester Cambridge A "FOR Louist St. terror total trans the well ski-og-spin a dee nelled called Cacaring the State safe a facility to a state of condens. the Same Stille Basis T. S.19/1-69 Descripte Men. Basis 1 . Co cett a Coppler on . . The same of the sa

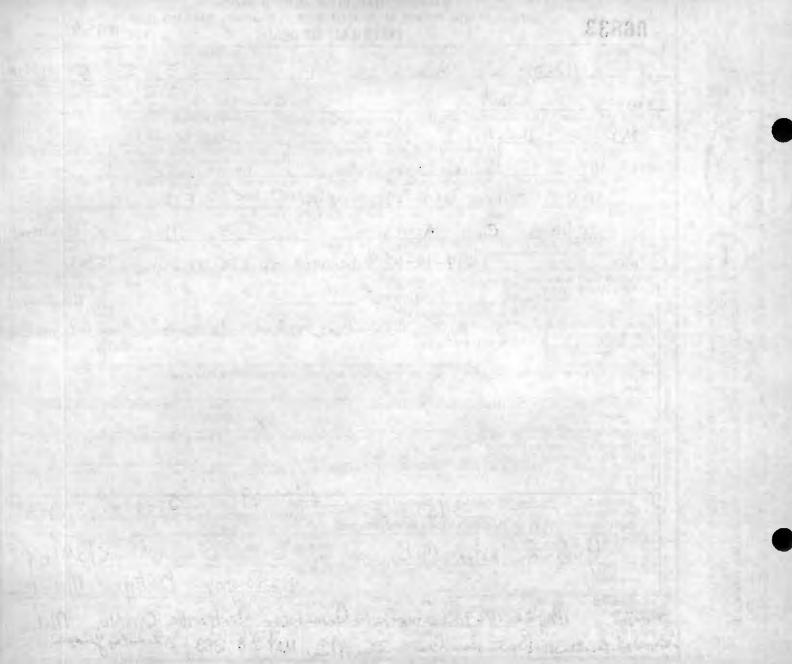
. 1	0.000d NI		STATE DEPARTMENT OF I		
	06831 DI	VISION OF VITAL RECORDS, 30 CE	RTIFICATE OF DEATH		06830
deoth.	DECEASED-NAME First (Type or print) Mary	Middle	Brown	20. DATE OF DEATH May 20	3 1969 12P
3. 7a	Female 4	RACE White	S. DATE OF BIRTH	1883 6. AGE (In years labeled by high hard) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	. SIRTHPLACE (State or foreign 7b.	CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Dorchester	Mo
0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTE OF THE PROPERTY OF THE PROPE	TION (If not in hospital 12a, USU during m	AL OCCUPATION (Kind of work dane not of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
130 ad	a. USUAL RESIDENCE (Where deceased li missian) STATE Md .	THE COUNTY	ambridge YES N	13e. STREET AND NUMBER 1205 Hambi	rook Blvd.
/ 14	FATHER'S NAME First Saunders	Middle Last W. Blades	IS. MOTHER'S MAIDEN NAME	First Middle ntha	Lost Davis
16	Yes, no. or unknown) (If yes give was or o		17. INFORMANT Mrs. Johnsto	Address on Reid Item	#13
	Conditions, if any, which gove rise to immediate course (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITION	DUE TO, OR AS A CONSEQUENCE OF (c) ONS CONTRIBUTING TO DEATH BUT NOT		CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN CHISET AND DEATH STAND
MOLEVISION	19a. DATE OF OPERATION 19b. CONI	DITION FOR WHICH OPERATION WAS PERFO	RMED 20a, AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
MEDICAL CED		21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item 18.)
N N	21d. INJURY OCCURRED 21e. PLACE While Not while of work at work	E OF INJURY (AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	z. City ar Tawn	Caunty State
	220. I certify that (I) (this h	ospital) attended the deceased on 1967 (we) (did) (did not) view the boo	\mathcal{L} , and that in (my) (our) ap	inion death occurred on the de	1967, that (I) (we) la ate and hour and from th
1	22b. SIGNATURE	lumby)	ARTOL .	MED. STAFF 22c.	DATE SIGNED 69
1	22d. PHYSICIAN'S NAME (Type) W. E	GUNBYUS!	22e. ADDRESS P	BRISEL	MAD
		6/1969 Wicomac		23d. LOCATION (City or Town)	
24	4. FUNERAL DIRECTOR	Cambridge Md	00007	2 9 1969 25b FEGSTRAR	SHENAMINE SAR

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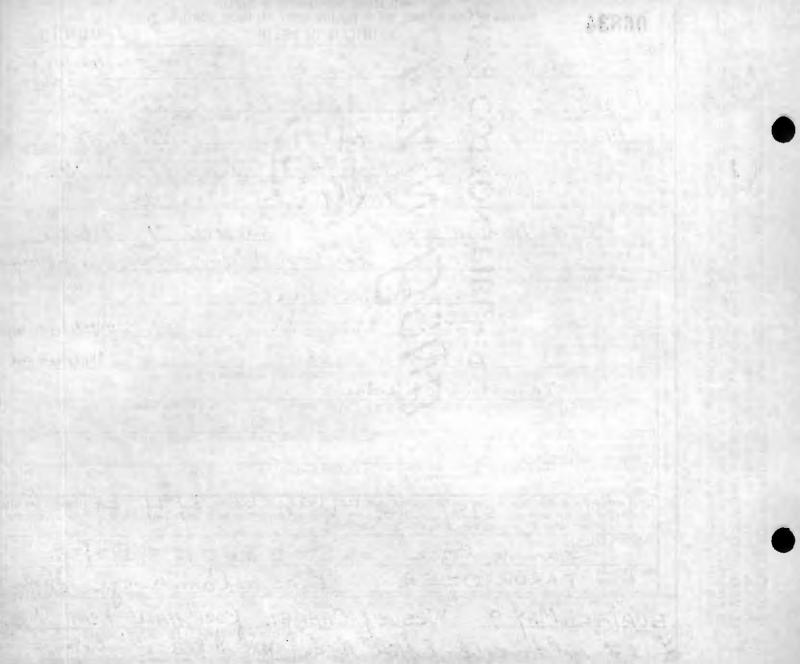
1 5		06832	DIVISIO	ON OF VITAL	RECOR	DS, 301 W. P	RESTO	ARIMENI OF	IMORE,	MARYL	AND 212	201	Ω	683	> 0	
STATE THE DEPT.	1.0	CEASED-NAME	Fi		ICAL	Middle Middle	5,2 (ERTIFICATE	OF DE		2o. DATE	KNOWNOCI		_		217 HOUS
beri.		ype or Print)		HN F		BURGER		5431			OF DEATH	ESTI- MATED	May	12	1969	P M
1	3. SI		RACE White	S. DATE OF June		land.	(In years withday) YR	MONTHS DAYS	IF UNDER HOURS	24 HRS. MIN.		RONOUNCED	DOY 12	Yeor	1969	2d. HOUR 8P. M
M		IRTHPLACE (Stote o		76. CITIZEN OF US			B. M	ARRIED NEVER MA	ORCED _	Do	nty of de	ster				Md.
00	Ea	st New M	arket	gi	ve street Gree	n Point	RFD		during	Ret	working li	Kind of wor te even if r Farms	etired.)	2b. KIND NDUSTRY Fa	of Busin	iess or
deoth.	130.	USUAL RESIDENCE Imission) STATEM	(Where dece arylar	osed lived, if in 13b. COUNT	stitution: Dorc	Residence before hester	New	Market 13	YES			T AND NUMI None	BER			
	14. F	ATHER'S NAME	Frank		ddle B ur	gher		15. MOTHER'S MAI	DEN NAME	First Mar	У	Mid	dle	K1.1	eg Lost	
		WAS DECEASED EVER es. no, or unknown) Yes		D FORCES? ye war of diates all servi	(e) 16b.	SOCIAL SECURITY N		17. INFORMANT Charles P	. Bur	ger,	RFD,	ADDRES	-			
William /		18. CAUSE OF D				r (a), (b), and (c).								BETW	PROXIMATE I	AND DEATH
		PARI I, DEA	TH WAS CAU IMME	DIATE CAUSE (o)_		onary		lusion						In	nste	int_
event		Conditions, if only	, which gove		OR AS A	CONSEQUENCE OF										
,		rise to immediate stating the under	e cause (o)	(b) _	OR AS A	CONSEQUENCE OF										
		lost.	mying couse	(c)_												
		PART 2. OTHER SIG	NIFICANT CO		BUTING T	O DEATH BUT NOT	RELATE	D TO THE TERMINAL D	DISEASE OR	CONDITIO	n given in	PART I(o)				
	MOIT	190. DATE OF OPE	RATION		19b.	CONDITION FOR V		PERATION						20.	AUTOPSY'	?
2	CERTIFICATION					WAS PERFORMED									YES	NO 💢
	MEDICAL CER	210. EXTERNAL CAI PRIMARY OR C CAUSE OF DEATH	ONTRIBUTING		E OF INJUR IR A.M. P.M.	RY Month, Doy, Yeo 19	ī	21c. HOW INJURY O			re of injury	in Port 1 o	r Port 2, Ite			
	ME	21d. INJURY OCCUI		e. PLACE OF INJUI foctory, office bu		me, form, street,		21f. LOCATION Street	or R.F.D. No).	City	or Town		County		Stote
				took charge	of the re	emoins describe	ed obo	ve, held an Auto	opsy 🔲,	Ins	pection	X), In	quiry 🔲	, an	d in my	y opinion
		death resu	Ited from:	Noturol	couses	Acciden	t 🔲,	Suicide,	Homici	de 🔲,	Undet	termined	manner (
		ACTUAL	4	. 2_		2			IEF MEDICAL		prom	7	22b. DATE S	IGNED		
		SIGNATURE	100	my	2	repl	-	- M. P.	SISTANT MEI PUTY MEDIC				5/1	3/6	9	
1		NAME (Type)	John !	Mace J	r. D	1. B.						nty) Can	brid	ge,	Md.	
^	230	BURIAL, CREMATIC	N, 2	b. DATE				RY OR CREMATORY dral Ceme	tarv			(City or Tow		(County)	(St	ote)
N	24.			5/16/69				TIAL OGNO		D BY REC	GISTRAR	2Sb. RE	GISTRAR'S S		E	
1	L	funeral director onard J	. Ruck	, Inc. b	alto	. Md. 21	214		DATMA	Y 1	4 196	9	Charle	AV	or other	6



	1			ND STATE DEPARTM				
1		06833	DIVISION OF VITAL RECORD			MARYLAND 21201	06832	
				CERTIFICATE OF			0000%	
death.		ECEASED-NAME First Type or print)	Middle	Lost		TE OF DEATH	Day Year	2b. HDUR
\$ \$ \$ \$		UIR	ginia Meno	CLAP	2 K	2 6	13 69	1,044
the far	3. 5		4. RACE	5. DATE OF E		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
urs aft		emale	White	07	- 22-25	43 Y		NOOKS MIN
0 0		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	KKILU	TY OF DEATH		
e executed within 24 had completely filled in remave carbon papers.		MD.	U.S.A.	WIDOWED DIVD	RCED D	orchester		Md.
filled of thin 72	10.	ITY DR TOWN OF DEATH	11. NAME DE HOSPITAL DE	INSTITUTION (If not in hospital	120. USUAL DCCUP	ATION (Kind of work do	ne 12b, KIND DF	BUSINESS DR
C/with	C	ambridge	give street oddress)	re state	during most of wo	rking life, even if retired SC Wife	d.) INDUSTRY	-
completely ave carbon y event, with	13o.	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before	e 13c. CITY DR TDWN	13d. INSIDE CITY LIMITS?	3e. STREET AND NUMBER		
oml owl	Odn	ISSION STATE MD.	OUCEN anné	s Centrouille	YES ND	R.F.D.		
and c	14,	FATHER'S NAME First	Middle Lost	IS. MDTHER'S N	IAIDEN NAME First	Middle		Lost
ote be exection and conficient and c		Willia	m C. Mer	vch	IDA	MAE	Bo	notus
physicion physicion her proses	160	WAS DECEASED EVER IN U.S. AR	MED FDRCES? 16b. SDCIAL SECURIT	-		Address		1
(表する)		es, no, or unknown) (If yes give	219-14-	-2506 Record	s of EAS	tern Shor	re State	Hosp.
a gara		18. CAUSE OF DEATH (Enter or	ly one couse per line for (o), (b), and (APPROXIM	ATÉ INTERVAL ISET AND DEATH
e deoth ce attending permit. The		PART I. DEATH WAS CAUSE	n Ry.	imonitis.			418	dour
attendi attendi permit.		2949	DUE TD, OR AS A CONSEQUENCE (1.0	- Augus
the cash provided in the cash		Conditions, if ony, which gove	(b) Constation	Organico Brain S	undreme int	h Pre-seriles	Brain 6	months
hat n. y t ans		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE (J. Johnson W.		A	riguioro
equires that the deoth certifice physician. signed by the attending physis buriol-transit permit. Therepuburiol, cremotion, or removel.		lost.	(e)				Dester	
urio urio urio		PART 2. DTHER SIGNIFICANT CD	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE DR CONDITION	GIVEN IN PART 1(a)	-	
rec in sign	_	->				,,,		
low dir bee bee ior1	CERTIFICATION	190. DATE DE DERATION 196.	CONDITION FOR WHICH DPERATION WAS	PERFORMED 20g. AUT	DPSY? 2	Ob. IF YES, WERE FINDING	S CONSIDERED IN CE	RTIFYING
batte authorized	E E	-		YES	O NO TREE	AUSES OF DEATH?		
e e e e e e e e e e e e e e e e e e e		210. ACCIDENT WAS UNDERLYI	NG 216, TIME DE INJURY	_		of injury in Port 1 or Port	2. Item 18.1	
A to the second	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HDUR A.M. Month Doy Ye	or	(-,,	
rSIC ospi certi hed tt. o	AED.	(If either, notify medical exami	PLACE DE INJURY (AT HOME, FARM, STREET,	19 FACTORY, 1 214 IDICATION Stre	set or P.F.D. No.	City or Town	County	Stote
PH e h		THE PROPERTY OF	OFFICE BUILDING, ETC.		-	1		0.0.0
NG the de	П	of work of work 22n certify that (1) (th	is hasnital attended the decor	sed from	124 1960 to	3 72	19/c9 that	(1) (wa) last
Aft Aft		saw the deceased o	is haspital) attended the deced	19 69, and that in (n	ny) (aur) apinian de	ath accurred an the	date and hour o	and from the
oulcoulcoulcoulcoulcoulcoulcoulcoulcoulc	П	causes stated abov	e, (I) (we) (did) (did nat) view th	e bady after death.		•		1
A SP SE		22b. SIGNATURE	P 11 1- 10	ATTEND	NG MED	_ STAFE _ /2	2c. DATE SIGNED	110
DIR DIR DIR DIR DIR DIR DIR DIR DIR DIR		y when	· K NEWTON, 11.	DEGREE PHYS.	NG MED. DIRECTOR	PHYS.	5/13	164
IAI Page		22d. PHYSICIAN'S / NAME (Type)		22e. AD		204	101	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhauld be filed with the State Dept. of Health prior to buriol, creating the state Dept.		rewarr (14he)			712 Wesh	am Dall	minu, III	X 71515
HO Bge FULL	230	BURIAL EREMATION, 23b.	DATE 23c. NAME C	OF CEMETERY OR CREMATORY	23d. LC	CATION (City of Town)	(County)	(State)
5 5 5 p 2		BURIAL	426,1969 Chesta	efield Leme		TREVILLE, Q.	A.Co 1	Md.
VR A16040	74.	FUNERAL DIRECTOR	B. D. O ADDRE	25 0. 1.	MAY 2 8	CCO 256 REGISTRA	AR'S SIGNATURE	2,
45M - 1769	0	Kreen P. Bourd	1. login see Carl	Month, Maline	MAT 40	969 Jacon	0	



_ 1			D STATE DEPARTMENT OF		
. 1	06834	DIVISION OF VITAL RECORDS,			
	7777702		ERTIFICATE OF DEATH		06833
	ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR
(1)	Type or prints	th Evely.	y Crew	Month 3 Day	7 Year 69 545 AM
3. SE	EX ,	4. RACE	S. DATE OF BIRTH	6. AGE (In years	SF UNDER 1 YEAR IF UNDER 24 HRS.
	remale	While	06-10-8	2 last birthday) YRS.	MONTHS DAYS HOURS MIN
7a. E	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED MEVER MARRIED	9. COUNTY OF DEATH	/
	/ //d.	U.S. H.	MIDOMED . DINOUCED .	DORCH	ester Md.
10. 0	CITY OR TOWN OF DEATH	give street address)	INTUTION (If not in haspital 12a, US)	UAL OCCUPATION (Kind of work done	126. KIND OF BUSINESS OR INDUSTRY
12	-am bridge	Edsternsh	ORE State Hosp.	most of working life, even it retired.)	Noves
admi	ission) STATE A	d lived, if institution: Residence before	13c, CHTY OR TOWN 13d, INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	,
14.5	FATHER'S NAME First	IV /En/	Mach Then	- NOCK TTOLL	/
6	FATHER'S NAME First	Middle lost	15. MOTHER'S MAIDEN NAME	First Middle	Lost
160	WAS DECEASED EVER IN U.S. ARM		O. 17. INFORMANT	argarel P.	Derger
Ϋ́Υ	'es, na, ar unknown) (11 yes give w	or of dates of service)	Pt's Hospital	1 Record. Eastern S	1. St+ Hum
	IR CAUSE OF DEATH (Enter and	y ane cause per line for (a), (b), and (c).		11100001 2 -010110	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED	BY: 2	t.		BETWEEN ONSET AND DEATH
	4339 IMMEDIA	DUE TO, OR AS A CONSEQUENCE OF	opneumonia		7
DICAL CERTIFICATION	Conditions, if any, which gave)	(b) Cerebral	- thrombosis		Hada barrens al
	rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	- CICIOMOOSIG		Undetermined
	last.	(1) Arterio	scerosis		Undetermined
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
2	I	refection of	Lidneys		
CERTIFICATION	19a. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
RE			YES NO		
	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, It	tem IB.)
MEDICAL	(If either, notify medical examin	er) P.M. 19			
	21d. INJURY OCCURRED 21e. While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	a. City or Town	County State
		h-osian V attantial the decem-	16 11 1 1 (2) 1 10	/a / 4=	(-/1 1 1 1 1 1 1 1 1 1
11	saw the deceased al	s haspital) attended the decease	d from 11 () 19	67, to 5 7 , 19 opinian death accurred anothe dat	69, that (I) (we) last
	causes stated above	(I) (we) (did) (did nat) view the b	ady after death.	with water accounts confine agr	c dila nati ana nati inc
1	22b. SIGNATURE	0.0	ATTENDING	MED. STAFF 22c. D.	ATE SIGNED
	Ja	me zer	DEGREE PHYS.	DIRECTOR PHYS. PL	11/67.
	22d. PHYSICIAN'S NAME (Type) FA	RUK OZER	22e ADDRESS	H. Camplesid.	a Ind
20.5			La · J · J · J	In Leave and	01001
Z30.	BURIAL, CREMATION, 23b. D. REMOVAL (Specify)	AY 9 MICH	EMETERY OF CREMATORY	23d-LOCATION (City or Town)	(County) (State)
24.	SUNERAL DIRECTOR	ADDRESS		BY REGISTRAR 25b. REGISTRAR'S S	
14	O Turnel	Hornes Chan & Ad	the sundo DATE MA	AY 9 1969 Eller	was Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06834 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle Lost 20 DATE KNOWN TO Month Doy Yeor (Type or Print) IDA FRANCES DEAN 18 169 May Pode 10 DEATH MATED מאי 6 AGE (n years EF JINDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 3 SEX 4 RACE S. DATE OF BIRTH 2d HOUR pup 86 YRS HOURS June 30, 1882 Yeor 69 Female White Depart 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o BIRTHPLACE (State or foreign MARRIED NEVER MARRIED with farm country) Maryland Dorchester USA WIDOWED A DIVORCED [Pages the State 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done INDUSTRY Home 12b. KIND OF BUSINESS OR during most of working the even if retred)
Housewife Cambridge Cambridge Md. Hospital Officenciong 24 hours after 130 LSEAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER death. odm ssion) STATE Marvland 13b COUNT Dorchester Hoopersville YES | NOX None Hem 15 after Middle Lost IS MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Lost Frank Cordelia Ruark Booze ward 'pending' in pencil in the Chief Medical Examiner's haurs pages 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT executed within LeCompte Funeral Service records (Yes, no, or unknown) E APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMIDIATE CAUSE (o) Terminal Pneumonia days event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave days (b) Fracture Pelvis rise to immediate couse (a), in any the ward DUE TO, OR AS A CONSEQUENCE OF shauld stoting the underlying couse forwarded ta remaval, and PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate О writing 1 CERTIFICATION used 190. DATE OF OPERATION 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES 🗍 NO K the certificate, pe shauld be 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o EXTERNAL CAUSE WAS ö 21b TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING MEDICAL Fell in home. 1069 EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote festory, office building, etc.) Hoopersville, Dor. Md. FUNERAL DIRECTOR: Page AT WORK AT WORK burial 220 | certify that I took charge of the remains described above, held on Autopsy ... Inspection X. Inquiry . ond in my opinion Notural causes , Accident , Suicide , deoth resulted from. Homicide Undetermined monner directar CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 5/20/69 DEPUTY MEDICAL EXAMINER K EXAMINER'S Health John Mace Jr. Шűу ADDRESS(Street, city, town, or county) Carabridge . I.Id. NAME (Type) 90 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) May 20 1969 Dorchester Memorial Park Cambridge, Maryland 24 FUNERAL DIRECTOR **ADDRESS** LeCompte Funeral Service, Cambridge, Maryland TOM REV

MARYLAND STATE DEPARTMENT OF HEALTH

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1			STATE DEPARTMENT OF		
	16836	DIVISION OF VITAL RECORDS, 30	I W. PRESTON STREET, BAL' RTIFICATE OF DEATH	TIMORE, MARYLAND 21201	06835
	DECEASED-NAME First		Lost	20. DATE OF DEATH	. 2b HOUR
	(Type or pant) Jeres	2a Gallagher	Dean	Month 5 Do	4 4 Yeor 69 9 PM
3 :	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	F JNDER 1 YEAR 1F UNDER 24 HRS MONTHS DAYS HOURS MIN
_	Female	White	4-1-80		MONTAS DATS MONS MIN
	BIRTHPLACE (State or foreign		MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Dorchester	
0.	CITY OR TOWN OF DEATH	1 NAME OF HOSPITAL OR INSTIT	UTION (If not in hospital 12a US)	JAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
	ambridge	gree street address) E ASTERN SKO	RE STATE NOSP.	nast of warking , fe, even if retired.)	INDUSTRY
13c odr	USUAL RES DENCE (Where deced	sed lived, if institution Residence before [13	c. CITY OR FOWN 13d HSIDE CITY	10 807 Locust	Straut
14.	FATHER S NAME First	Middle Jost	15 MOTHER'S MAIDEN NAME		lost
	Thomas	Gallagh			MacMahan
	WAS DECEASED EVER IN U.S. AR	MED FORCES? War or dates of service) 166 SOCIAL SECURITY NO.	17 INFORMANT	Address	114411411
	No		Records fro	m ENN	
	18. CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	y one couse per line for (a), (b), and (c))	PhohaniA	(480)	APPROXIMATE INTERVA BETWEEN ONSET AND DEATH
	IMMEDI	ATE CAUSE (a)	A DELGION! H	(763)	13 a. 495.
	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF			4
	rise to immediate couse (a), stating the underlying cause	(b) DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			
	PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTING TO DEATH BUT NOT I	RELATED TO THE TERMINAL DISEASE OR	COND TION GIVEN IN PART ICE	LBRAL
S	NON-151 CE	FrIC OROHANIC	BICALO DIENO	E ASSIGE	ARTERIOSCLETIGIS
FICAT	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFO		206 F YES, WERE FINDINGS (CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
CERTIFICATION	21o ACCIDENT WAS UNDERLYII	NG 216 TIME OF INJURY	YES NO	er noture of injury in Port 1 or Port 2,	Itam 19)
3	OR CONTR BUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year	The nor more occurred telling	a norde of mijory in Fort 1 of Fort 2,	sterii 10 Î
MED	21d, iNJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET FACTOR) OFFICE BUILDING ETC	3 21f LOCATION Street or R F.D. No	a. City or Town	County State
	White Not white at work	# ONLICE RELEDING ELC		·	
	22a I certify that (I) (th	is haspital) attended the deceased	fram 3 - 2- 196	A, 10 5-4, 19	(we) tost
	saw the deceased a	e, (t) (we) (did) (dil) (view the boo	oy, and that in (@g/) (our) op Iv ofter death.	inion death occurred on the de	ofe and hour and from the
	22ble GNATURE	1 /- 0 / 45		22c.	DATE SIGNED
	Worald 6	1. CEELOGG VII	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS	4-69
	22d. PHYSICIAN'S NAME (Type)	ALD A NOTIFIE	22e. ADDRESS FACTAR	11 SHORE STATE	: 1600°
36	BURIAL CREMATION, 23b	DATE / 23e NAME OF CEM	ETERY OR/CREMATORY	23d, LO(ATION (City pt ² Town)	(CoCmy) (State)
ت	LEMONAL (Specify)	1169 1418	prest :-	Vileraespeur	Low. Md
24	FUNERAL DIRECTOR	Horally CADDRESS	7 727 1259 840	BY REGISTRAR 256 REGISTRARS	SIGNATURE
-	XIAA XI. A.M.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.6 // 16 A XDON	× 1000 19 19	Carl Market States



ATE	A A C O PM	6836
	NEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED-NAME (Type or Print) RUSALIE ERNESTINE DENNIS Continuous Continuo	73 79 77
3 :	DEATH MARED	Year 19 69 J.J.: A
	BIRTHPLACE (State or foreign 75. CIT ZEN OF WHAT COUNTRY? WIDOWED DIVORCED POOR DOTCH STEP	Md
	CAMBRIDGE CAMBRIDGE TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital live in hospital li	KIND OF BUSINESS OR STRY One
130	USUAL RESIDENCE (Where deceased lived if institution Residence before and company). ATATY land 13b COUNTY Chester Cambridge YES TO NO 931 Pine Strect	
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Ernest P. Dennis Mae Emma Colli	lost
	Was DecEased EVER IN U.S. ARMED FORCES? Yes, np. gr unknown) (d yes give war at dates of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Mae E. Collins, Vienna, Maryland,	RFO
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). PART 1. DEATH WAS CAUSED BY: **MMEDIATE CAUSE (o) Asphyxia DUE TO, OR AS A CONSEQUENCE OF Conditions, it only, which gove rise to mimediate cause (a), stoling the underlying cause (b) Aspiration stomach contents DUE TO, OR AS A CONSEQUENCE OF (c) STORING TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	etween anset and death
THECATION	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES K NO
MEDICAL CERTIFICATION	21b EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b TIME OF INJURY Month, Doy, Year HOUR A.M. 19 21d INJURY OCCURRED 21e PLACE OF NURY (At home, form, street, white North white North Wille AT Work AT	8) ouniy Stole
	22a. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , death resulted from. Natural causes X, Accident , Suicide , Hamicide , Undetermined monner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS (Street, cty town or county) Cambride	_
24	BUR AL (REMATION, REMOVAL (Specify) 236. DATE 236. NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) (Countermoval (Specify) June 2, 1969 Reid's Grove Cemetery Near Rhodesdale, FUNERAL DIRECTOR Frame from from the Countermoval (Specify) Registrar 25b. REGISTRAR S S GN PRODUCTION (City or Town) (Countermoval (Specify) Rematory) Removal (Specify) Registrar 25b. REGISTRAR S S GN PRODUCTION (City or Town) (Countermoval (Specify) Removal	ATURE



	_	1			TLAND STATE DEPARTMEN		
7	1		06838	DIVISION OF VITAL RECO		ET, BALTIMORE, MARYLAND 21201	
			110000		CERTIFICATE OF D	EATH	06837
	± _2 ±		ECEASED NAME First	Middle		20. DATE OF DEATH	2b. HOUR
	haurs after death in by the timeral rs Pages T and thaurs other death	(Type or print)	rtha mr	ay DRyd	en 05 Month 04 Doy	69 6A.M.
	# # # F	3 5	EX	4. RACE	5 DATE OF BIRTI	H 6 AGE (In years	FUNDER I YEAR FUNDER 24 HRS
	# 5.83# 8.84#		Female	White		a last birthday)	MONTHS DAYS HOURS MIN
_	by Page		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?			
	ha ha	COU	ntry)	U.S. A.	8. MARRIED NEVER MARRIE		
	filled thin 7	10	MARYLAND		WIDOWED DIVORCE		Wd
	¥是/華語書 <	Ι.		qive street oddress)	AL OR INSTITUTION (finat in hospital	120, USUAL OCCUPATION (Kind of work done	25 KIND OF BUSINESS OR ENDUSTRY
	h certificate be executed within 24 h ing physician and campletely filled in Then please remove carban papers emaval, and in any event, within 72 h		Ambridge	Give street oddress) EASTCRN	Shore STATE HOSE	during most of working life, even if retired)	NONE
The same of the sa	ag ag ag	130 odm	USUAL RESIDENCE (Where deceos	ed lived at institution. Residence	/	INSIDE CITY DMITS? 13e TREET AND, NUMBER	
	ecur carr ove		$-\frac{10D_{i}}{1}$	V WICOM	100 SALISULK 9	B NO 2 22 1:CHERR	YWAY
	ex and and	14	FATHER S NAME First	Middle	Lost 15 MOTHER'S MAID		Lost
	be n a se r		Josefly	A JAMES D	RydeN	MARY EllE,	N. FARLOW
	are legis	100	WAS DECEASED EVER N.U.S. ARA 'es, no, or unknown) (1 yes give w	MED FORCES? 16b. SOCIAL SE	CURITY NO. 17 INFORMANTMIS		ilisbury, Md.
	hific hys val,		es, no, or trikinown)	218-3	30-1684 Record	18 - OF EMSTERN SHOW	e ST. HOSD.
	ren The The					Ellen Layfield, Salish	
	ath Trailigi		PART I. DEATH WAS CAUSED	ly one couse per line for (o), (b), D BY LTE CAUSE (o)	HOPPEUDONIA	(485)	RETAILED UNSET KND DEATH
	e death attendi sermit.		// }	DUE TO, OR AS A CONSEQUE			, C. L.
	t the cather sit pour notice	1	Conditions, if ony, which gove	•	NCE OF		
	rat Jy # Innsi	ı	rise to immediate couse (a).	(b) DUE TO, OR AS A CONSEQUE	NCZ OL		
	S d d d d d d d d d d d d d d d d d d d	ı	stoting the underlying couse?		NCE OF		
3	equires the physician. signed by burial-tran burial, crer	ı		(c)	DET MOT BE LIZED TO THE TERMINAL D	SEASE ORCONDIT ON GIVEN IN PART 1(0)	
	PHYSICIAN: The law requires that the death certificate be executed to haspital ar attending physician. The haspital and cample his certificate has been signed by the attending physician and cample stached far use as the burial-transit permit. Then please remove co Dept. af Health priar to burial, crematian, or remaval, and in any event		D < 1 / C / /	EUTONS CONTRIBUTING TO BEATH	BUT NOT RELATED TO THE TERMINAL D	A C-O	. 7
	ding ding the the	S.	190 DATE OF OPERATION 19b.	513 W114	CEREBIUST 1	ICIPYCIOS CLEMESIS	7.93.02
	e ke hen then as as as prik	3	190 DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION		. CAUSES OF DEATHS	ONSIDERED IN CERTIFYING
	IDING PHYSICIAN: The law rate by the haspital ar attending After this certificate has been a be detached for use as the state Dept. af Health priar to	CERTIFICATION	Di- ACCIDENT MAS UNDERSHIP	6 / 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 🗌	NO DE	
	ANS I a Icat Icat Heo		210. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF GEAT		21c. HOW INJURY OCCUR	RED (Enter nature of injury in Port 1 or Port 2, I	tem 18.)
	at a first	MEDICAL	(If either, notify medical examin	ner) P.M	19		
	AY S ce arche	×	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, S OFFICE BUILDING.	TREET, FACTORY.) 21f. LOCATION Street o	or R.F.D. No. City or Town	County State
	the thing the detribution of the		DI WOIK OI WOIK				
	frer frer be stat		22o. I certify that (4) (thi	s haspital) attended the d	eceosed fram 1-30	, 19 5 0, to 5 -4-9, 19 (our) opinion death occurred on the do	67, that (4) (we) tast
	END ed ed bed he		saw the deceased a	ive on (the mot) view	1969, and that in (ray)	(our) opinion deoth occurred on the do	te and have and from the
	E in Day th	ı	22b SIGNATURE	, (g (we) (did) (disense) vie	w the body offer death.		TATE COOLING
	3 S Wile		220 SIGNATURE!	01 1000	AS HORGREE PHYS	MED STAFF DE	DATE SIGNED
	Page Die		22d. PHYSICIAN'S	an acc	22e, ADDRES		-4-65
	RAI A		NAME (Type)	ALD A. 164	18000 Ze. AUDRES	TOPPOS CHODE COX	TIS HOOD
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$4 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the state director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers Pages 7 and 3 shauld be detached far use as the burial, crematian, or remayal, and in any event, within 72 haurs offer death and in any event, within 72 haurs offer death.		OUDIAL COMMANDA	T	- VCOO I E A	SILIVE SIX	15 [172]
	P. P. B.	230	BURIAL, CREMATION, 23b. (PEMOVAL (Specify) May		ME OF CEMETERY OR CREMATORY	23d. OCATON (City or Town)	(County) (State)
	5 5	24			sons Cemetery	Salisbury, Wicomi	
	VR ATS A	24.	FUNERAL DIRECTOR HOLLOWAY & COM	PANY, SALISBURY	A MARCHINANIA		SIGNATURE
	45M - 1X66X				0.	ATE MAY \$ 1969 Hours	LOS Horizana



_	MAKTLAND STATE DEPARTMENT OF HEALTH	
	06839 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O 6838	
droth grant	DECEASED NAME First Middle Last 20 DATE OF DEATH 24 Day 1969 Year 10	OUR M
s after the do oge 1 rs aft	Female 4 RACE S. DATE OF BIRTH 5-8-95 6 AGE (In years Funder 1 YEAR IE LINDER) 74 YRS MONTHS DAYS HOURS	ALIN
in 24 hours of the control of the co	BIRTHPLACE (State or tareign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED DONCHESTER	M.d.
within 24 fely filled ban pape	CITY OR TOWN OF DEATH 11. NAME OF HOSPITA, OR INSTITUTION (If not in hospital) 12a USUA, OCCUPATION (Kind of work dame during most of working life, even if retired) 12b Kind OF BUSINESS 11c MANE OF HOSPITA, OR INSTITUTION (If not in hospital) 12a USUA, OCCUPATION (Kind of work dame during most of working life, even if retired) 12b Kind OF BUSINESS 12c Money 12c Mo	DR
th certificate be execu jedu v ling physican and comptete Then please remove carb removol, and in any event,	USUAL RESIDENCE (Where deceased lived, it institution: Residence before trissian) STATE Md. 136 COUNTY Dorchester Cambridge YES NO 313 Choptank Que.	
and and in any	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Lost Edward Shorter Sara Abbott	==
physican of physican con please ovol, and it	a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, of unknown) ("yes give was or dates of servi.e) 166 SOCIAL SECURITY NO 17 INFORMANT Medical Records of ESSN - Cambridge, 18.	d.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after disother and be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the trace director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Page 1 and should be filled with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY H A 3 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave lost 1. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) DUE TO, OR AS A CONSEQUENCE OF lost 1. 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200, AUTOPSY? 210. AUCCIDENT WAS UNDERLYING 215 TIME OF INJURY HOUR A.M. Month Doy Year 116 either, notify medical examiner) 19 21d. INJURY OCCURRED While Not while 10 to the detended the deceased from 124 14 19 49 10 10 10 10 10 10 10 10 10 10 10 10 10	aTH all
TO HO Page To Fundered	BURIAL (REMATION, 236 DATE 230 NAME OF CEMETERY OF CREMATORY 231 OCATION (City of Town) (County) (State) REMOVAL (Specify) MAY 27, 1969 DOCCHESTER MEM. PX, CAMBRIDGE, MD,	
VR A13 44,	FUNERAL DIRECTOR ADDRESS MD 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE ECOMPTE FUNERAL SER CAMBRUSCE DAMAY 27 1969	



1	06840	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTIF ERTIFICATE OF DEATH	EALTH MORE, MARYLAND 21201 ()	6839
		Middle ERICK CARL	Lost FRASE	2a. DATE OF DEATH Manth Day 2	Yeu 69 P. 36
3	Male Male	4 RACE White	S DATE OF BIRTH September 11.		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a 40	BIRTHPLACE (State or foreign Latry) Linnesota	75. CITIZEN OF WHAT COUNTRY? USA	WIDOWED DIVORCED	Dorcheste	er M
2	city or town of DEATH Cambridge	11 NAME OF HOSPITAL OR INS the street address) the more than 100 cm. Market in the street address in the street address in the street in the	ryland Hospita during mo		12b. KIND OF BUSINESS OR INDUSTRY Farm
7 od	o USUAL RESIDENCE (Where deced mission) ASTATE land	ised lived, if institution Residence before	13c CITY OR TOWN Hurlock YES NO	45 4	Street
14	FATHERS NAME First William	Middle Lost G. Frase	IS MOTHER'S MAIDEN NAME FOR Elizabe		lost filler
16	Yes, no ar unknown) (fyes give	MED FORCES? wor or dates of service) 16b SOCIAL SECURITY N 213-22-71	96 Emma G. Frase,	Hurlock, Marylan	2 d
CEBILICATION	Canditions, if any, which gave use to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (b) Or lerro S DUE TO, OR AS A CONSEQUENCE OF (c)	OT RELATED TO THE TERMINAL DISEASE ORCO	Tensûm.	10 year
MED CAL CED	OR CONTRIBUTING CAUSE OF DE. (1) either, not by medical exam 21d INJURY OCCURRED 21d While Nat while	ATH HOUR A.M. Month Day Yeor FM 19 PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC		City ar Tawn	County State
	causes stated above 22b s GNATURE CCVL	alive on May re, (1) (we) (did) (or not) view the l results of Backs RLOS F 13 HRROS	DEGREE PHYS M	D STAFF 22c AA	AJE SIGNED 69
_	BURIAL, CREMATION, 23b. REMOYAL (Sperify) ME	DATE 23c NAME OF	CEMETERY OF CREMATORY Digton Cemetery 250 RECD BY	23d LOCATION (City or Town) HULLOCK M REGISTRAR 25b REGISTRAR'S SI	(County) (State)
1/68	Framptom Funera	L Home, Foderalsbu	re. Maryland nathay	7 1969 /Cleans	Pan Indak



- 1	MARYLAND STATE DEPARTMENT OF HEALTH OF SEA 1 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0
F-	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06840
5		2b, HOUR 3 1969
3	SEX. A RACE S. DATE OF BIRTH 6. AGE in years 15. JOHE OF BIRTH Sept. 10, 1916 52 YRS 15. JOHE PRONOUNCED DEAD MONTHS DAYS MIN Months M	Year 1969 A Sign
	SBRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED □ NEVER MARRIED □ 9. COUNTY OF DEATH USA WIDOWED □ DIVORCED □ DOTChester	M
н	Cambrid e que street oddess) e-laryland Hospita during most of working life even if refired)	26 KIND OF BUSINESS OR NDUSTRY
3	a USUAL RESIDENCE (Where deceased rived, if institut on Residence before 13c CITY OR TOWN 13d MADE CITY LIMITS? 13e. STREET AND NUMBER admission) STATYLAND 13b. COUNTY Chester /illiamsburg YES NO NO RFD	
14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Robert Dix Catherine Will	lost i am S
16	a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, e.g., or unknown) (1/yes give war or dates of service) One 17 INFORMANT Johnnie 7/illiams, 'illiamsburg, I	Maryland
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COPONER OCCLUSION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Instant
	Canditions, irany, which gave (b) (b) (b)	
	stating the underlying cause DOE TO, OR AS A CONSEQUENCE OF	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(0)	
CERTIFICAT ON	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO 🔼
MEDICAL CEDI		m 18.)
MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, WHILE NOT WHILE AT WORK AT WORK AT WORK	Caunty State
	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
	ACTUAL SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATES	
		/69 d.e. 1.d.
2		(County) (State)
2	4 FUNERAL DIRECTOR from transform ft. ADDRESS 250 RECISTRAR 2 1969 256 REGISTRAR'S SI	GNATURE
1	Framptom Huneral lowe, Edderalsburg, Laryland Page	1/ 1/



	1	B.114		D STATE DEPARTMENT OF		
-		06842		301 W. PRESTON STREET, BALL	FIMORE, MARYLAND 21201	00011
(6.3)		00046		CERTIFICATE OF DEATH		06841
		ECEASED-NAME First Type or print) Flizabe	th - Middle	Gorski	2a. DATE OF DEATH S Month 30ay	Year 6A m
the further of safter of s	3 5	FEMALE	RACE White	S. DATE OF BIRTH, 8/3/187	6 AGE (In years	OF JINDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.M.
24 haurs after to in by the furpers Pages 1	70 cau	BIRTHPLACE (State or foreign 7b Contry) Poland.	TIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NUONCED DIVORCED	9. COUNTY OF DEATH	
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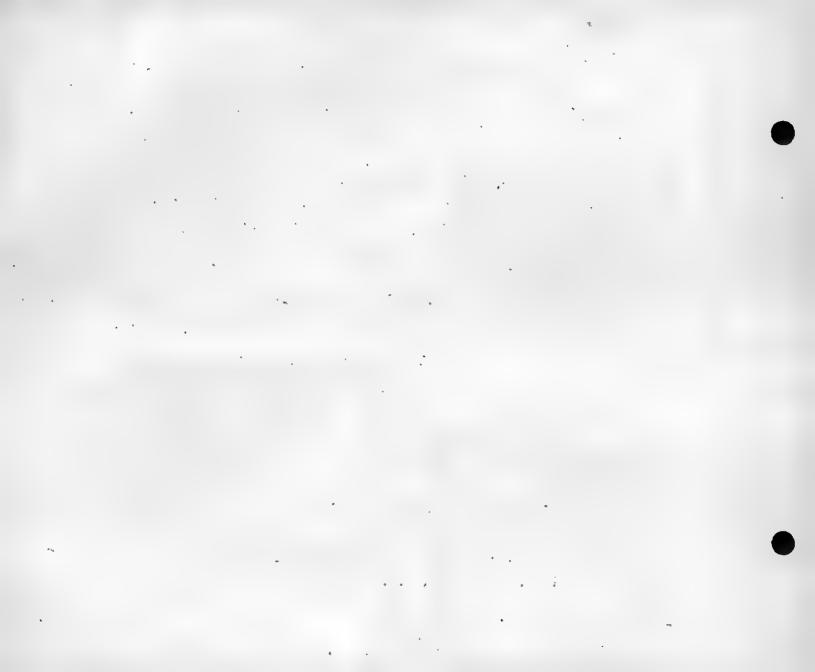
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	HEALTH DEPT.		DECEASED NAME First Moddle Lost 20 DATE KNOW (Type or Print) Stephen Harrison Hopkins DEATH MATE						[3]]-	Doy Yeor 30 1969	2b HOUR
	delay und 3 13 Poo	3 S	ex 4 RACE No 3re	S DATE OF BIR	1931	GE (to years IF JAL) It birthday) MONTHS YRS	DER 1 YEAR IF UNDER DAYS HOURS		PRONQUNCED DEAD) yeo69	2d HOUR PMM
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1	BALTMORE, 24 hours offer in Item 18 G is Office alon softer death softer death	14 1	ATHERS NAME First Stephen	M ddle Hopkins		15 MOT	THERS MAIDEN NAME		Middle I. Stanle	los e y	1
	within 24 within 24 pencil in xaminer's xaminer's 72 hours		WAS DECEASED EVER IN U.S. AR. Yes, no, or unknown)	MED FORCES? Is grow war or dates of service)	220-26-9		MANT Shel Hop	kins Vi	ADDRESS	d.	
	should be executed within e word "pending" in pencil of the Chief Medical Examine ound-transit permit. File page in any event within 72 hours		IB. CAUSE OF DEATH (Enter PART I. DEATH WAS CI	AUSED BY: MEDIATE CAUSE (a) $H \in$ DUE TO, OR	AS A CONSEQUENCE C) IF	1			APPROXIMATE BETWEEN ONSET 5 1111	AND DEATH
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	DIVISION OF VITAL RE- ICAL EXAMINER: This certificate, writhout or Page 4 should be forwarded for your files. CTOR: Page 3 should be used buriol, crematian, or remaval	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS PRIMARY OF OCCURRED TO CAUSE OF DEATH 21d INJURY OCCURRED WHILE AT WORK AT WORK	NG HOUR A-	At home, form, street,	Apps		shot by	on Port I or Port 2, I another or Jown na. Do.		• State
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	YY. Peral be related for peral		ACTUAL SIGNATURE EXAMINER'S	Mace Jr.	M.D.		M.D. ASSISTANT ME DEPUTY MED C	DICAL EXAMINER AL EXAMINER	5/	2/69	
	TO DEPU necessa the fun 5 may TO FUNE	230	BURIAL, CREMATION, REMOVAL (Specify) HOULE ALL	23b. DATE 6/4/69	23c NAME O	F CEMETERY OR CREA		23d LOCATION VIOI	(City or Town)	id e wid (County) or Md	itote)
	VR A15ME (5)		FUNERAL DIRECTOR Booker M. W		ral Serv	ice Lisbury		D BY REGISTRAR JN 3 19	25b REGISTRAR S	SIGNATURE	μ



1/2		06844 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Ψ ψ		CERTIFICATE OF DEATH 06843
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s after deat the funerol ages I and	3 \$1	Female white 9/27/892 6 AGE (In years IF UNDER, YEAR IF UNDER 24 HRS NONTHS DAYS HOURS M.N.)
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within 2 sly filler son po within	10 (TTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired in NOUSTRY) Author of OCCUPATION (Kind of work done during most of working life, even if retired in NOUSTRY)
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CLAN: 1 itol or ifficote for us	ਤ	216 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify med col examiner) 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
S PHYSIC the hospi this certi detoched e Dept. of	WED	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
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OR AT be reto DIRECT ge 3 she led with		226 SIGNATURE DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS. D 22c DATE SIGNED 5-6-69
TO HOSPITAL Page 4 may b TO FUNERAL D director, page		Physicians NAME (Type) Donald R. McWilliams, M.D. 22e. ADDRESS BOX 248, East New Market, Maryland
TO HOSP! Page 4 m TO FUNER director,	1	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) East New Milarket East New Milarket Day, Milarke
VR A15 UI	24	FUNERAL DIRECTORY 250. REGISTRAR 255. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH



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ar a	E E	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	19			of injury in Part 1 ar I	Port 2 Item 181		
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ING by t frer frer fat		22a. I certify that (I) (this	haspital) attended th	e deceased fro	n04/30/	, 19 69 ,	ta_05/19/	19 69 that	(I) (we) last	
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ATI ATI		22b SIGNATURE	(10)(9)()(00)(01)	1000 1000	10.001			22c DATE SIGNED		
OR OR Sed w		12/5 1/1	1. Wrien	4 U/3/V	DEGREE PHYS	MED DIRECTOR	STAFF D	05/19/69		
A Page 1		22d. PHYSICIAN'S		1	22e ADDR			,,		
TO HOSPITAL of Page 4 may b To FUNERAL D director, page should be file	L	NAME (Type) FELIPE	M. DOMINGUE	z, M. D.	EASTE	ERN SHORE	STATE HOS	PITAL, CAM	BRIDGE.	
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4-		06846		301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		06845		
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er Ser	3. SI		4. RACE	S DATE OF BIRTH	6 AGE (In years	F JADER I YEAR IF UNDER 24 HRS.		
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as b	FE		Thyroidectomy -	1	CAUSES OF DEATH? yes.	TOIDERED IN CERTIFIED		
	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		1-22	nature of injury in Part 1 or Part 2, It	am 18 \		
ficat for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Doy Year P.M.	THE HOW MODEL OCCURED (LINE)	notice of injury in rule 1 of rule 2, if	ann 10.)		
SSPIJE SSPIJE SPIJ	MEDICAL	(If either, notify medical examiner 21d INJURY OCCURRED 21e. Pl	r) P.M. 14 ACE OF IN HIPY AT HOME FARM, STREET, FA	TORY 21f LOCATION Street or R.F.D. No.	City or Town	County State		
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NG A P	1	22a L certify that (1) (this	haspital) attended the decease	ed from 5-19-47 , 19 9, and that in (my) (our) apir body ofter death.	to 5-16-69 19	, that (I) (we) last		
d b d b e St e St		saw the deceased aliv	re on 5-16-69	9, and that in (my) (our) apir	nion deoth occurred on the dot	e and hour and from the		
Spine H		couses stated above,	(I) (we) (did) (did not) view the	body ofter deoth.				
With Market		22b. SIGNATURE	0//8 6.	DEGREE PHYS DI	ED. 🦳 STAFF 🦳 1 🐔 🧻 🤊	ate signed .9–69		
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F F () X		FUNERAL DIRECTOR	ADDRESS	2Sa REC'D BY	REGISTRAR 2Sb. REGISTRAR S S	IGNATURE		
30M RE 7 68	1	Excell KThomas	Cambridge Md	. 21613 May 2	3. 1969 Milane	Budan		



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1-1-1	06847			SION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL CERTIFICATE OF DEATH						06846		
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	3. SEX		4. RACE	HITE		DATE OF B			6 AGE (In years lost bythdoy)		IF UNDER 24 HRS. HOURS M.N.	
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ĺ	ID. CITY OR TOWN OF D		11 ₩ g:v8:	AME OF HOSPITAL OR IN street oddress) TERN SHORE	_ `		dering mas	OCCUPATION of af working ON TRACT	(Kind of work done	126 KIND OF B INDUSTRY UNKN		
I	130. USUAL RESIDENCE (odm ssion) STATE MA	Where deceased	hved, if institut 136 COUNTY	on Residence before	TASTO	OWN	¥3d INS DE CITY EIMI YES NO [ITS2 13e STI	N. AUROR			
İ	14 FATHER'S NAME	First	M ddle	Lost	15	MOTHER S M	AIDEN NAME Fire	5†	Middle		Lost	
l	160. WAS DECEASED EVE	EDWARD	P.	KIRBY	117 111	CORMANIT	SAL	.LY	Ann	SAND	ERS	
Į	IAT' L GURAB	(If yes give word	OWN Process	219-03-6 ^L		FORMANT ECORDS	OF EAS	TERN S	Address HORE STATI	HOSPIT	AL	
	PART I. DEATH	IMMEDIATE	CAUSE (o) _Q	ne for (o), (b) and (c)	Thron	יז לים ביו	s ano	d gan	agrene:		ATE NTERVAL SET AND DEATH A SA	
	Conditions, if ony, rise to mmed one storing the under lost.	e couse (o), lying couse	(c)	to tee	al Art				ial disec	isc 3 y	ears.	
	Ahron	ic Ot	os Fru	TING TO DEATH BUT N	mag	di	Leas	2				
ı	190 DATE OF OPERA			CH OPERATION WAS PE		200 AUTO	NO D	CAUSES	YES, WERE FINDINGS C OF DEATH?		RTIFYING	
	OR CONTRIBUTING [CAUSE OF DEATH		Month Doy Year	9			noture of injur	y in Port 1 or Port 2,	Item 18.)		
	While Not whi	le 🖂		AT HOME FARM STREET, FAG OFFICE BUILDING EFC	h.	. 1 2	of R.F.D No		or Town	County	Stote	
	saw the d	leceased aliv	e an III C	ended the decease (dd nat) view the	9 <u>17</u> 7, and	that in (m	y) (our) apini		ccurred on the do	(27), that (te and haur a	(I) (we) last nd from the	
	226 SIGNATURE	sa Lo	s F.	Barn	(V) DEGREE	11113	DIR	D ECTOR	STAFF PHYS. 5	DATE SIGNED 4		
	22d PHYSICIAN S NAME (Type)	CHAIR	05 F.	BARR	aso		arbel	4 [Dorchest	4 1	40.	
	230 BURIAL, (REMATION REMOVAL (Specify) 24 FUNERAL DIRECTOR	23b. DAT	10/190	59 SpRI	CEMETERY OR CO	REMATORY	4	EAS	N (C ty or Town)	(County)	(Stote)	
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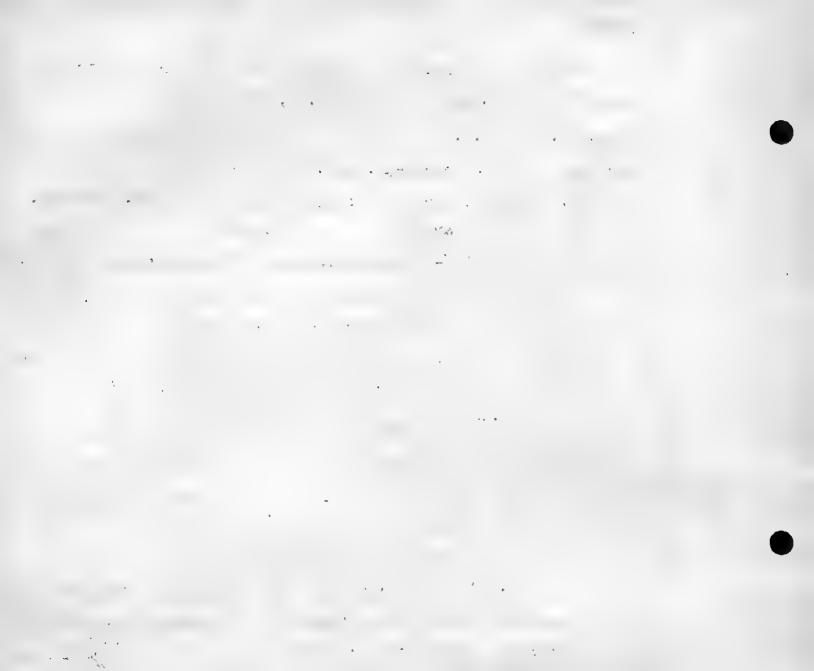
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		06848	DIVISION OF VITAL RECORDS	CERTIFICATE OF DEATH		6847
deoth.	(Middle garet Elizab	eth Kirsch	20. DATE OF DEATH Manth 25 Day	26 HOUR
executed within 24 hours after deoth and completely filled in by trestant only event, within 72 hours iterated the	3. S	Female	4. RACE White	5 DATE OF BIRTH 5-22-8	6 AGE (In years last birthday) YRS.	HONTHS GAYS HOURS MAIN
in 24 hour Filled in by papers. P hin 72 hau	CON	BIRTHPLACE (State or foreign nitry)	76 CITIZEN OF WHAT COUNTRY?	WIDOWED DIVORCED	Porchester	Md
s executed within 24 and completely filled remove corbon pape on ony event, within 7	(ambridge	give street address)	ore State Hasp Nous	L OCCUPATION (Kind of work done ist of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
complet complete complete continue cont	13a adm	USUAL RESIDENCE (Where Meceas Issian) STATE nd.	ed lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY III	13e. STREET AND NUMBER	
	14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME FI	1	ives man
ertificote (be physician can please	160	. WAS DECEASED EVER IN U.S. ARA	AED FORCES? 16b SOC AL SECUR TO		Arldrose	
requires that the death certificate being physician. signed by the attending physician or surriol-transit permit. Then please reported, cremation, or removal, and in		1B. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)		opneumonia		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
not the a.y. the a.y. the a.y. the a.s. masit pe		Conditions, if any, which gave a	(b) A CONSEQUENCE OF THE TOTAL	Tal Embolism		
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ow red of the bit of t	TION		CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	MICINEDED IN CERTIFICATION
IAN: The low re find or attending ficate hos been sfor use as the Health prior to be	CERTIFICATION	210 ACCIDENT WAS UNDERLYIN		YES NO K	CAUSES OF DEATH?	
SICIAN sspital (errifical sed for t. af He	MEDICAL	OR CONTRIBUTING CAUSE OF CEAT	HOUR A.M Month Day Yea ner) P.M.	9	nature of injury in Part 1 ar Part 2, 1	
IG PHYSIC the hospit in this certi detoched ste Dept. al		ot wark at wark		(CTORY,) 21f LOCATION Street or R.F.D. No.	City or Town	County State
TENDIA ined by OR: Afte ould be the Sto		saw the deceased all causes stated abave	live an 5 25 - e, ([] (we) (did) (did nat) view the	ed from 3-23-, 196 1969, and that in (my) (aur) apir bady after death.	ion death accurred on the dat	e and haur and fram the
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repaired may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. af Health prior to		22b. SIGNATURE harshall	I a. Simpson			ATE SIGNED - 25 - 1969
OSPITA B 4 moy JNERAL ctor, pd	22.5	22d. PHYSICIAN'S NAME (Type)	DATE 199, HAME OF	22e. ADDRESS	204 1001700100	
(0.17)		BUR AL CREMATION, 235 [POVAT (Specify) FUNERAL D RECTOR	9 29. 1969 Holy C	CEMETERY OF CREMATORY ROSS CEMETERY 250 REC D BY	23d tOCATION (City or Town) DEWTON CAROL REG STRAR 25b, REGISTRAR 5	(County) (State)
VR AIS	1	med Bouting	Sorten Bas. Centre	le Me, DATELLA	2 1000 Milan	la Judge



1	1	06849	DIVISIO	MAR N OF VITAL RECO			ARTMENT O N STREET. BA			ND 21201			
FOR STATE		10043					ERTIFICAT				06	848	
HEALTH DEPT.		DECEASED-NAME (Type or Print)	Firs CAR	ROLL T.	Middle McCL	lin	Lost		. 20	OF ESTI- DEATH MATED			2h HOUR/
offmon		fale	4. RACE White	5. DATE OF BIRTH Aug 28,	1900	AGE (in years ost bethdoy) AGE (in years	MONTHS DAY		24 HRS. 2c	DATE PRONOUNCED Month 5	Doy 16	Year 1969	2d HOUR
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death e Pog w.th he Sta		city or town of Cambrid	ge	give stree	Choptai	nk Ave	N (If not in hospi enue		most of w	PATION (Kind of wo orking life, even if eman	ork done retired)	2b. KIND OF BUSI NDUSTRY Seafoo	
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A hour learn term of the sound		FATHER'S NAME	James		Clain los	t	15. MOTHER 5 A	MAIDEN NAME	Frst Moll		idle	Barnes	
within pencil camine camine le pag	160	WAS DECEASED EV (es, no, or unknow No	ER IN U.S. ARMED	FORCES? War or dates of service)	SOCIAL SECURITY	NO	ir. informant LeCompt	e Fune	ral S	ADDRES		3	
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uld be executed ord "pending" in Chief Medical E -tronsit permit. F ny event within		Conditions, if o	ny, which gove		A CONSEQUENCE								
should be to ne word "per o the Chief buriol-transit		stating the un last.			A CONSEQUENCE	OF							
certificate writing the rworded to used as a bonoval, and	_	PART 2. OTHER S	GNIFICANT COND	ONTRIBUTING	TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE OR C	ONDITION G	GIVEN IN PART 1(0)			70000
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	MEDICAL CER	216. EXTERNAL OF PRIMARY OF DEATH	CONTRIBUTING [21b. TIME OF INJU HOUR A.M. P.M	RY Month, Doy, Y	Į.	Pic. HOW INJURY	OCCURRED (Ent	ter noture c	of injury in Port 1 o	r Port 2, ite		W.Al
ro DEPUTY DICAL EXAMINER: necessary, please execute the certil the funeral director. Page 4 should 5 may be retained for your files. O FUNERAL DIRECTOR: Page 3 shoul Health, prior to buriol, cremation,	ME	21d INJURY OCC WHOLE OF AT WORK AT WORK	URRED 21e	PLACE OF INJURY (At his ctory, office building, el	ome, form, street c)		21f. cOCATION Stre	eet or R.F.D. No.		City or Town		County	Stote
CAL EXPECTION PORTION		22a. l		oak charge of the r Natural causes				rtapsy, Homicid		ction 🔀, Inc	quiry [y apinian
please e please e Il director retoined L DIRECT ior to bu		ACTUAL	1	22		2	(CHIEF MEDICAL I	EXAMINER		22b. DATE S		
ro DEPUTY necessary, property from the funeral 5 may be raid Funeral Health, price		SIGNATURE EXAMINER'S NAME (Type)	John	Mace Jr	. M.D.		Ľ	DEPUTY MEDICAL	L EXAMINER	1011	5/20/	69	
the the Hec	230	BUR.A., CREMAT REMOVAL (Speci Burial	ION, 23b.	DATE 7 19, 1969			OR CREMATORY Memoria		23d 10	CATION (City or Town	vn) ((County) (SI	ote)
VR ALSME (A)	24	FUNERAL DIRECTO	R	ral Servi	ADD	RESS		250 REC D	BY REGIST	RAR 25b RE	GISTRAR S SI	GNATURE	
10M REV 1/68	1	O O O CALLED			,			DATE	123	1969 0	LUZAN	by Judge	-



MARYLAND STATE DEPARTMENT OF HEALTH



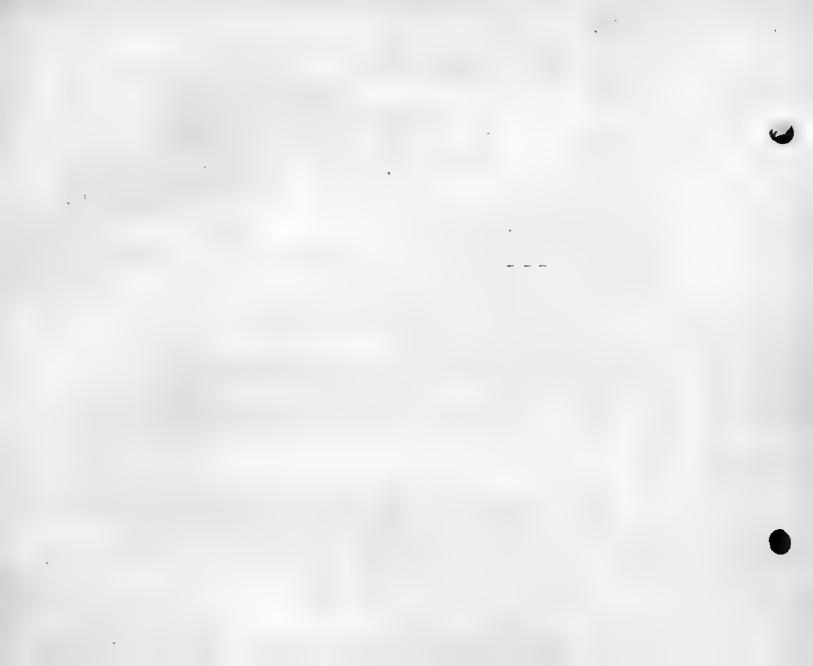
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	1		06851			ALTIMORE, MARYLAND 21201	06850
		<u> </u>			CERTIFICATE OF DEAT		
	death death	-{	Type or print) THC	DMAS H. MEREI	Lost	2a. DATE OF DEATH Month May 1	00Y 1969 25. HOUR
		3 5	Male Male	4 RACE White	S DATE OF BIRTH May 12, 1	.886 AGE (n years last birthday) 83 YR	E JHDER 1 YEAR IF UNDER 24 HRS MININGS
	4 hour d in 54 sers. P 72 hau	ζŒŲ	BIRTHPLACE (State or foreign nary) Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED NUMBER DIVORCED DIVORCED	9 COUNTY OF DEATH Dorchester	Md
	ote be executed within 24 harden and completely filled in lease, remove carbon papers, and in any event, within 72 h	10.	CITY OR TOWN OF DEATH Cambridge	11 NAME OF HOSPITAL OR IN give street address) Cambridge Me	the Hospital	USUAL OCCUPATION (Kind of work don ng mast of working life, even if retired Waterman	12b. KIND OF BUSINESS OR INDUSTRY Seafood
	cuted v ampleti vve carl event,	13a odn	USUAL RESIDENCE (Where deceases STATE Maryland	sed lived, if institution, Residence before	13c, CITY OR TOWN 13d, INSIDE YES	NO 13e STREET AND NUMBER	
	de exe	14	FATHER'S NAME First Lamber	Middle lost Meredith	15. MOTHER'S MAIDEN NAM		annon Lost
	tificote hysician n pleas vol, and	160	WAS DECEASED EVER IN U.S. ARA es, no ar unknown) (If yes give w	MED FORCES? Not or dates of service)	NO 17 INFORMANT LeCompte Fun	eral Service reco	rds
*,	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours off Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after the state of the state Dept.		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF	CORONARY HEAR	T DISEASE	EAS BETWEEN ONSET AND DEATH
1	The law attending that has be sse as the firm of the f	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO	CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
	ICIAN: pital or rtificate d for u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN on contributing cause of Ocal (If either, notify medical examin	TH HOUR A.M Month Day Year ner) P.M		(Enter nature of injury in Part 1 or Part	2, Item 18)
	S PHYS the hos this ce detache e Dept.	×	at work at work	PLACE OF INJURY (AT HOME, EARM, STREET, FAI			Cauniy State
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		220. I certify that (I) (the saw the deceased a causes stated above 226 SIGNATURE 221 PHYSICIAN S	is haspitol) ottended the decease live an 5-16-69 to e, (I) (we) (drd.) (did not) view the t E. Bunker, M. D.	Doctor Attending Phys 22e. ADDRESS 200 Mary	22	2c. DATE SIGNED 5-19-69
	TO HO Poge TO FUN direct			y 19 1969 Zion 0	CEMETERY OR CREMATORY Churchyard	23d LOCATION (City or Town) Toddville, Do	
	VR ATS TOP	24. Le	FUNERAL DIRECTOR Compte Funeral	Service, Cambridg		CD BY REGISTRAR 25b. REGISTRAI	R S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06851 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2a. DATE OF DEATH First 2b. HOUR death. within 24 haurs after death and (Type ar print) by the tuneral Ma Wonth Clarence Otto Milla 1969 9A 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. loss birthdoy) DAYS 3/2/1892 Male White 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) within 72 ! Md. U.S. Dorchester DIVORCED WIDOWED IT the attending physician and rampletely filled sit permit. Then please remave carbon pape TO CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR working the even if refired | INDUSTRY Cambridge event. 30. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN admission) STATE Md 3d INSIDE CITY JUNITS7 13e STREET AND NUMBER that the death certificate be executed Dorchester Cambridge Travers St. and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Lost Mills James Wilhelmeina Pattison 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknown) 218349795 Mrs Travers St. Cambridge APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. be detached far use as the burial-State Dept. of Health priar ta burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NO T YES ["] 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f, LOCATION Street or R F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 1967, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive ancauses stated above, (I) (we) (did) (did not) view the bady after death 225 SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING director, page 3 should be filed v DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL CREMATION (County) (State) BUYAL Spenty E. New Market Cemetery E. New Market 2So. REC D BY REGISTRAR FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 2Sb. VR A15 (4) 30M REV Cambridge Md. 21613



	MARYLAND STATE DEPARTMENT OF HEALTH
1	06853 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OERTIFICATE OF DEATH
darth. geral ond 2	1. DECEASED-NAME First M.ddle Lost 20. DATE OF DEATH (Type or print) EMMA MEEKTNS NEWCOMB 2b. HOUR Month Doy Year May 22 1969
£ 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Female 4 RACE White S DATE OF BIRTH March 6, 1924 6 AGE (n yeors lipubler 1/4 ARS) White White S DATE OF BIRTH March 6, 1924 6 AGE (n yeors lipubler 1/4 ARS) MONTHS DAYS HOURS MIN
filled in Page popers: Page popers: Page pin 72 nours	70 BIRTHPLACE (Stote or foreign country) Maryland 75 CITIZEN OF WHAT COUNTRY? WHOWED DIVORCED DOTCHESTER MARRIED NEVER MARRIED DOTCHESTER
(1/2) 3/2 (m/)	10. CITY OR TOWN OF DEATH Cambridge 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital Cambridge 120 USLAL OCCUPAT ON (Kind of work done during most of working, fe, even if retired) Cambridge 120 USLAL OCCUPAT ON (Kind of work done during most of working, fe, even if retired) HOUSEWILE HOME
complet ove cor	odmission) STATE Maryland 13b (OUNTY Dorchester Cambridge Ca
be exeminand of in only	I4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost IIII Process Proc
rtificate phys.cic en plea	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LeCompte Funeral Service Address LeCompte Funeral Service Le
PHYSICIAN: The law requires that the death certificate be executed to haspital or ottending physicion. This certificate has been signed by the attending physicion and complete stacked for use as the buriol-transit permit. Then please remove care Dept. of Health prior to buriot, cremation, or removal, and in any event,	18. CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c).) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ACCOUNTY ONLY OF VECTUM DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o), storing the underlying cause lost.
G PHYSICIAN: The law requires the the haspital or ottending physicion. It this certificate has been signed by detached for use as the buriol-tron te Dept. of Health prior ta buriot, cre	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)
YSICIAN: The law re aspiral or ottending certificate has been thed for use as the at. of Health prior ta	2/27/69 Tratestimal obstruction VES NO DE CAUSES OF DEATH? 216. ACCIDENT WAS UNDERLYING 1216 TIME OF INJURY 1216. HOW INJURY OCCURRED (Finer porture of injury in Port Lor Port 2 them 18.)
IDING PHYSICIAN: The law red by the haspital or ottending After this certificate has been a be detached for use as the state Dept. of Health prior tall	County C
by State of the st	220. I certify that (I) (this hospital) attended the deceased from feet and thought the deceased alive and the deceased from the causes stated obove, (I) (we) (did) (did nat) view the body after death.
TO HOSPITAL OR ATTENI Poge 4 may be retoined TO FUNERAL DIRECTOR: A director, page 3 should should be f.led with the	226 S GNATURE - ATTENDING DIRECTOR DIRE
TO HOSPIT Poge 4 m To FUNERA director,	PAME (TYPE) 236. DATE 1969 Creenlawn Cemetery OF CREMATORY Cambridge, Maryland (Stote)
VR A19 41 45M 47 69	24 FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland Date 10 Pregistrar 256 Registrar



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06853 116854 **EOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First M.cidie 20. DATE KNOWNANT Yeor (Type or Print) GEORGE GRANVILLE PARKER ESTI-May Poge 6 19 DEATH MATED 3 4 RACE 6. AGE (In years IF UNDER 1 YEAR UF JNDER 24 HRS. 5. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 3 SEX dad tabl HOURS 69 Male White Nov. 2, 1900 Yeor YRS. 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED along with form country) Marvland TISA Dorchester DIVORCED [WIDOWED X Give Pages 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cambridge give street oddress) during most of working life, even if retired.) INDUSTRY Seafood Cambridge Hospital Waterman 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY L MITS? 13e STREET AND NUMBER odmission) STATEMarvland 176 COUNTY Talbot Trappe YES NOT None and 2 v Office _ hours Middle 14 FATHERS NAME Lost 15 MOTHER'S MAIDEN NAME First Middle Charles Parker Rhoda Meekins Henry hours word "pending" in penal in the Chief Medical Exomineks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO ADDRESS be executed within (Yes, no, or unknown) 213 16 7121 LeCompte Funeral Service records File 72 Ę. APPROXIMATE INTERVA within 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary occlusion ns an IMMEDIATE CAUSE (o)___ event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a), This certificate should ecute the certificate, writing the word Poge 4 should be forwarded to the Ch ony DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse _= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) c removal, o be used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO K 210 EXTERNAL CAUSE WAS 5 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. MFDICAL SICAL EXAMINER: buriol, cremotion, CAUSE OF DEATH 21d NJURY OCCURRED 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK 22a 1 certify that I taak charge of the remains described above, held an Autapsy ... inspection x. Inquiry . and in my apin an the funeral director. Natural causes X. Suicide . death resulted from: Accident Hamicide Undetermined manner Health, prior to CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Jr. V.D. John Mace ADDRESS(Street, city, town, or county) Carpridge. NAME (Type 0 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) May 3, 1969 Dorchester Memorial Park Cambridge, Maryland 25o. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE LeCompte Funeral Service, Cambridge, Maryland 1969 VR ATSME (\$ 10M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 116855 06854 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOURE D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and combletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept of Health prior to burial, are mation, or removal, and in any event, within 72 house differ death. 24 hours after deoth (Type or print) Month Year JO HN EDWARD POSTLEY 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In veors F DINDER 1 YEAR lost birthdoy) DAYS HOURS. NEGRO MALE 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED country) WIDOWED . DIVORCED MARYLAND DORCHESTER ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR withi give street address) during most of working life, even if retired) IND. ISTRY ASTERN SHORE RURAL FARMING 130 USUAL RESIDENCE (Where deceased yed, if institution Residence before 13c. C TY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE JSb COUNTY NO [SALISBURY 14 FATHER'S NAME First Middle S MOTHER'S MAIDEN NAME FIRST Lost Lost requires that the death certificate be FARLOW UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes no prunknown) RECORDS OF THE EASTERN SHORE STATE HOSPITA 217-14-8790A B CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (c) BETWEEN ONSET AND DEATH LATERAL RONCHOPNEUMONIA DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) use to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF physicion. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the hospitol or ottending TO FUNERAL DIRECTOR: After this certificate has been 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [210 ACCIDENT WAS UNDERLYING TO HOSPITAL OR ATTENDING PHYSICIAN: 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Doy Year PM (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from. . 1967, to 3-10- 19 67, and that in (my) (aur) opinion death occurred on the date and haur and from the saw the deceased alive an causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED STAFF D-RECTOR PHYS PHYS 22d PHYSICIAN 22e ADDRESS Page 4 moy 23b_DATE 23c NAME/OF/REMETERY OR CREMATOR CREMAT ON. OCATION (City or Town) (Stote) Q 24 FUNERAL/DIRECTOR ADDRE 250 REC'D BY REG STRAR 25b. REGISTRAR'S SIGNATURE VR A13 5



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7 T	06856	DIVISION OF VITAL RECORD	RDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06855				
			CERTIFICATE OF DEATH				
毛 = 블로	1 DECEASED-NAME (Type or print)	First Middle	Lost	2g. DATE OF DEATH	2b HOUR		
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五 子(海)	3 SEX	4. RACE	S. DATE OF BIRTH	6. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS		
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and and in any	14 FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME	Fyrst Middle	Last		
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L OR DIR	22d. PHYSICIAN'S	1 18 January 186	DEGREE PHYS.	DIRECTOR PHYS.			
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OSP JNE JNE JId							
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should	230 BURIAL, CREMATION, 2 BMOVAL (Specify)	MAY 21 230 NAME O	FLEMETERY OR CREMATORY RING HILL	23d LOCAT ON (City or Town)	(County) (State)		
5-5 ///	24 FUNERAL DIRECTOR	ADDRE	SS PECO	BY REGISTRAR 25b, REGISTRAR'S			
VR A15 18	LANE FUNTA	A Home Thurst	A'II MA	26 1969 Icharl			
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MARYLAND STATE DEPARTMENT OF HEALTH 06856 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH Eirst DECEASED NAME 20 DATE KNOWN [X] (Type or Print) Redman ESTI-Gaughan Jean DEATH MATED 4 RACE IE UNDER I YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 12/16/1900 6 AGE (In years 2c DATE PRONOUNCED DEAD Female. White the State Depart 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH MARRIED NEVER MARRIED country penna. USA WIDOWED DE DIVORCED T Dorchester 11 NAME OF HOSP TAL OR INSTITUT ON (If not in hosp tol 120 JSUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give the notices id to Md. Hospits during most of working life, even if retired) Hurrer Cambrid e **INDUSTRY** 130 USUAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN 13d INS DE CITY LIMITS? 13e STREET AND NUMBER BALTIMORE, 13b COUNTY odmiss on) STATE Dor. Hurlock YES NO First Middle 14. FATHER'S NAME Lost IS MOTHER'S MAIDEN NAME Erst Middle and Martin Gaughan Marv Boyle 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 301 W. PRESTON STREET. (Yes, no, or unknown) (If yes give war or dates of service) Mrs. Harry Holiday Hurlock. ransıt permit. Fi event within 7 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1 DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Cerebral vascular accident hrs. DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF any stoting the underlying couse Ξ. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) writing 9 remayal, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🖂 NO.K certificate, 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d INJURY OCCURRED 218 PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town County Stote foctory, office building, etc.) AT WORK AT WORK 22a | certify that I taak charge of the remains described above, held on | Autopsy |], Inspection K. Inquiry 🗍 and in my apinian Natural causes 🔀 , Accident 📗 Suicide 🗍 . Hamicide 🗍 funeral directar. death resulted from Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER IN EXAMINER'S John Mace Jr. M.D ADDRESS(Street, city town, or county) Cam. Piu. e. NAME (Type) BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d 10CAT ON (City or Town) (County) (Stote) REMOVAL (Specify) Our Lady of Good Councel FJNERAL ZÓRE ØYÓR VR A15ME 1969



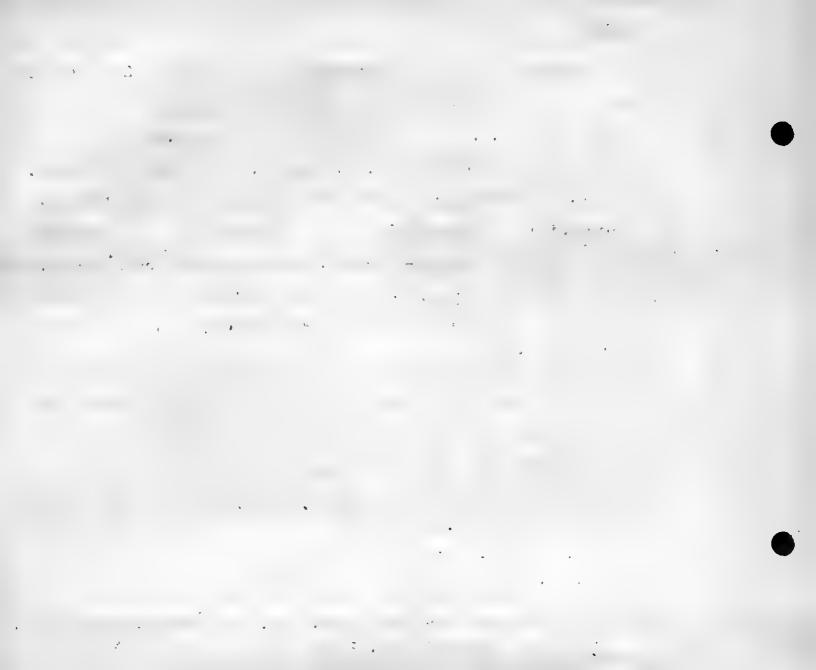
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burnal-transhauld be filed with the State Dept. af Health priar ta burnal, creashauld be filed with the State Dept.	₩.	21d. INJURY OCCURRED 21e. PLA While Not while at work of work	CE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No	City or Town	County State
	th the de		220 Leastifu that (1) (thus 1	aspital) attended the deceased from / 17 19	, to/ 1 ./ 5 _ 19	, that (I) (We) lost
	Affe Affe Ste		saw the deceased alive	on	death accurred on the date	and haur and from the
_	OR:		causes stated above (I) (ਅਵੀਂ) (did nat) view the bady after death		
	ECT est		22h SIGMATURE	ATTENDING MED	STAFF 22c DA	TE SIGNED
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	TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: Affer director, page 3 should be of should be filed with the State		22d PHYSICIAN'S NAME (Type)	? Pl 22e. ADDRESS	and Procton	eryland
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	S P B TO		CEASED NAME First ype or Print) Wilbur	Middle A •	Sampson	05 5551	Doy Year 2b HOURA 25 1969 11M
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	Give Fig.	13o a	USUAL RESIDENCE (Where decease Imission) STATE Md.	ed lived, if institution, Residence befo	cre 13c CHY OR TOWN 136 INSIDE OTT	LMITS? 13e STREET AND NUMBER	
	10000000000000000000000000000000000000	14.	ATHERS NAME First Benjam		IS MOTHER'S MAIDEN NAME	First Middle Edna Jackson	Lost
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ON CTP	W. PRESTON STREET, be executed within 1 "pending" in pencil hief Medical Examine ransit permit. File page		18. CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 15 mins
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	ION OF VITA INER: This is certificate should be fi files. 3 should be	MEDICAL CERT	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH	216 TIME OF INJURY Month, Day, You		nter nature of injury in Part I ar Part 2, Ite car which overtu	em 18)
		WED	21d 1NURY OCCURRED 21e P	PLACE OF INJURY (At hame, farm, street, tory, office building, etc.)	, 21f LOCATION Street or R.F.D. No.	. Cambridge. Do	Caunty State
			220 certify that I to	ook charge of the remains descri	bed above, held an Autopsy 🔀,	Inspection, Inquiry	or Md], and in my opinion
4	EDIC rase recto ainer to b		ACTUAL ACTUAL	Natural causes, Accide	CHIEF MEDICAL	The second secon	CICNED
	D DEPUTY Maccessory, ple the funeral distribution of the property of the property of the property of the property of the prior of the p		SIGNATURE	Mace Jr. K.D.	DEPUTY MEDIC	AL EXAMINER 1 5/2	7/69 id.je.lid.
	TO DEPU necessa the fun 5 may TO FUNE Hedith	230	BURIAL, CREMATION, 236.	DATE 23c NAME O	OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
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	10M - 1/69	1	process. Lane	ral Service Ca	mbride. d DATE	0 1000	A XMETSON



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		16860	DIAISION OF ALIME RECORDS		ATE OF DEATH		16859
표 _24		CEASED-NAME First			Lost	to. DATE OF DEATH	2b. HOUR
dea	L	ype or print) Mande	98	Schi	arelli	May 2	2 1969 555AM
ter fter	3. SI		4. RACE		S. DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS HOURS MIN.
s of	L	Male	White		10/4/1912	56 YR	
ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. etoined by the haspital or ottending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corbon adders. Pages I and 2 with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72-hours after death.		BIRTHPLACE (State or foreign Italy	75 CITIZEN OF WHAT COUNTRY?	WIDOWED	DIVORCED	Dor chester	Md
ii ji	110.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	INSTITUTION (If no	ot in hospital 12a USUAL 0	CCUPATION (Kind of work done	
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The off	E				YES NO		
AN: or or or head		210 ACCIDENT WAS UNDERLY!			W INJURY OCCURRED (Enter no	ture of injury in Port 1 or Part :	?, Item 18.)
HYSICIAN hospital s certifica tched for	MEDICAL	(If either, notify medical exam	iner) P.M.	19	CATION SALES OF DED. No.	Estu en Teure	County State
PHY e ho nis c tach Dept	1	White Nat while of work	. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	racioni.) Zir. LO	CATION STREET OF K.F.D. NG.	City or Town	county 31010
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NDI d b d b d b d b	П	saw the deceased o	nis hospital) attended the decea alive on	19 <i>67</i> , and	that in (my) (our) apinio	n death accurred an the	date and haur ond fram the
Sing Sing H			e, (I) (we) (did) (dalmet) view th	e body after o	leath.	1 00	DATE SIGNED
OR ATTENDING PR be retoined by the DIRECTOR: After this ge 3 should be deto ed with the Stote De	L	22b SIGNATURE	Well alle	DEGR -	EE PHYS MED.	TOR STAFF	5-27-69
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5 등 5 을 수	_	BENOVA (Specify)	6/26/1969 Dorch	ester	Mem. Park (lambridge Do	
VR A15 DU C	24	FUNERAL DIRECTOR	A Cambridge		1613 250 REED BY R	EGISTRAP 255 REGISTRA	NA Judge.



1	1		06861	DIVISION	OF VITAL RECORDS,		ESTON STR ATE OF 1		E, MARYLAND 212	201	0686	0
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•	hau p	7a. f	SIRTHPLACE (State or fareign stry) [aryland		F WHAT COUNTRY?	WIDOWED [INTY OF DEATH		ester	Md.
,	within pay	10. 0	Williamsburg		1. NAME OF HOSPITAL OR INS give streethoddress Tys	Nurs	ing H	- dusing most_of	UPATION (Kind of work working life, even if re B. Dorer	done I	26 KIND OF BUS NDUSTRY	None.
,	completion of contract of cont	13o adm	USUAL RESIDENCE (Where deceases on) STATE aryland	ed hved/if ins 136. COUN	titution Residence before Caroline	Pres	ton	YES NO X	13e STREET AND NUM Denton			
	be exe n and c se remode d in any		ATHER'S NAME First Alonzo	Midd	Sharp		Melin	IDEN NAME First		ddle	Chase	Lost
	rtificate physicia en pleai aval, an	160 Y	WAS DECEASED EVER IN U.S. ARA	MED FORCES? For or dates of service	166 SOCIAL SECURITY N 213 18 4	038 I	atthe	w Sharp	Box 78,P	rest rest	on,d.	
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	L OR A A be rett. DIRECT age 3 stiffled with		22b SIGNATURE 22d. PHYS CIAN 8	0	immues.	DEGRE	ATTENDIN PHYS.	DIRECTO	R STAFF	22c DATE 5/	31/69	
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MARYLAND STATE DEPARTMENT OF HEALTH



1			301 W. PRESTON STREET, BALTI	14000 HANDIE ALON	0000
	06862			0	6861
	Y 13	Middle K.	Lost STARK	2a. DATE OF DEATH MAY Month 2 Day 1	969ar 2b. HOUR 10 A • M/
3 5	FEMALE	4 RACE WHITE	S DATE OF BIRTH 05-00-87		FUNDER I YEAR IF UNDER 24 MRS ONTHS DAYS HOURS MIN
		U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH DORCHESTER	Md.
10	CAMBRIDGE	give street address)	during mo		12b KIND OF BUSINESS OR INDUSTRY
13o adm	USUAL RESIDENCE (Where deceased ssion) STATE MARY LAND	I would if institution Por dones before	13c. C TY OR TOWN 13d INSIDE CITY LA	H 157 I30 STREET AND NUMBER	
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160	was deceased ever IN U.S. ARMEE (es_no, or unknown) (If yes give wor			Address DS, ESSH, CAMBRIDG	E, MARYLAND
Z	PART I DEATH WAS CAUSED I IMMEDIATE Canditions, if any, which gave has to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	10 py eur	ONDITION GIVEN IN PART 1(0)	APPROX MATE INTERVAL BETWEEN OMSET AND DEATH
CERTIFICATIO			YES NO 🗆	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	,
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	in to the fu	70	BIRTHPLACE (State or foreign	75. CITIZEN OF WHAT COUN		NEVER MARRIED	9. COUNTY OF DEATH	183.
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_	in 2		CITY OR TOWN OF DEATH	11 NAME OF HO	SPITAL OR INSTITUTION (If n	at in haspite 120 US	UAL OCCUPATION (Kind of work	dane 12b K ND OF BUSINESS OR
	physician and campletely filled in by the funeral earth, en please remave carban papers. Baggs I and 2 aval, and in any event, within 1/2 that's offer death.	208	CAMBRIDGE	give street add CAMBRI	DGE MD. HOS	P. INC. during	most of working life even if reti	red) INDuSTRY
	ed cart	13	USUAL RES DENCE (Where deceo	sed I ved. if institution. Resid	lence before 13c CTY OR	TOWN 13d. MSIDE CITY		ER
	ave out	3	MARYLAND	DORCHESTER	CAMB	RIDGE YES K	NO 722 HIGH	STREET
	8 g g / 6	1/14	FATHER'S NAME First	Middle	tost 15	MOTHER S MAIDEN NAME	Frst Mid	dle Last
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	an or	16	WAS DECEASED EVER IN U.S. ARI	AMY OF the es of securing		NFORMANT	Adds	
	physen project		Yes, no. or unknown) (If yes give	220-	03-4869 G	EORGIA BROWN	SCRANTON.	N. CAROLINA
	eath certific ending phys nit. Then p ar remaval,		18. CAUSE OF DEATH (Enter or					APPROX MATE MIERVAL BETWEFN ONSET AND DEATH
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	atte atte an,		4124	DUE TO, OR AS A CONS	EQUENCE OF			
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de	physician physician signed by the attained by the attained burial-transit periodicial, crematian,		stating the underlying cause	DUE TO, OR AS A CONS				
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	The law re attending has been se as the h prior ta	Cemmercanos	196 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERA	NTION WAS PERFORMED	20a. AUTOPSY?	CALIFFE OF DEATHS	INGS CONSIDERED IN CERTIFYING
			210. ACCIDENT WAS UNDERLYIN	In Intl. was as within		YES NO X		
	Man de			HOUR AM Month	Day Year 21c HC	AW INJURY OCCURRED (Ent	er noture of injury in Port 1 or P	ort 2, Item 18.)
	vospital or certificate certificate ched far uspt. of Healf	MED. CAT	(If either, notify medical exomi	ner) P.M.	19			
	LOR ATTENDING PHYSICIAN: bill retained by the hospital ar DIRECTOR: After this certificate ge 3 shauld be detached for a iled with the State Dept. of Hea		While Nat while	PLACE OF INJURY (AT HOME, FOR OFFICE BUILDING	LDING, ETC	CARON Street at R.F.D. N	o City or Town	Caunity State
	th the de		of work at wark	ic bassitally attended th	and date of Me	15	0 to Mars 20	10 60 11 11 11
	Affre Affre Street		saw the deceased a	live on day 27	ne deceased from 22	that in (my) (aur) or	pinion death accurred on the	_, IY <u>D.Y</u> , that (I) (we) los
	S S S S S S S S S S S S S S S S S S S	H	couses stated above	e, (I) (we) (did) (did not	view he body after o	eath	Jillion death accorred on h	, 19 <u>69</u> , that (I) (we) los he date ond hour and from th
	EG Par		226 SIGNATURE	1-5	/			22c. DATE SIGNED
			1	yer.	DEGR	EE PHYS	MED. STAFF DIRECTOR PHYS	June 6, 1969
	nay nay pog pog pog pog fil		22d. PHYSICIAN S NAME (Type)	7		22e. ADDRESS		
	TO HOSPITAL OR ATTENDING PHYS Page 4 may 5m retained by thm hos TO FUNERAL DIRECTOR: After this ce director, page 3 shauld be detache should be filed with the State Dept.			Edwin Fasset			gh St., Cambrid	
	Hounday	23	BUR AL CREMATION, 236 REMOVAL (Specify)		NAME OF CEMETERY OR	EREMATORY	23d LOCATION (City or Town)	
	5 5 5 ×	\ L	The state of the s	6/7/69	BETHEL		CAMBRIDGE	DOR. MD.
	VR A15 A	24	FUNERAL DIRECTOR	Ox S	r. Chair f. H		N 1 2 1989 REGIST	RARS SIGNATURE
	45M 1X(99)	11	TRERUICE C	· Mariano	AMBRIDGE. MI	DATE	1. T P 1000 14	0



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 06864 CERTIFICATE OF DEATH 06862 DECEASED-NAME First Middle last 2n. DATE OF DEATH 2b. HOUR GEORGE (Type or pont) HERBERT TOLLEY, Sr. physician and compress, mapers. Pages I en please remove carban papers. Pages I 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years FUNDER YEAR IF UNDER 24 HRS campletely filled in by the love carban papers. Pages Male Whi te lost burthday) DAYS HO. PS April 6, 1889 xecuted within 24 haurs 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH B. MARRIED X NEVER MARRIED country) Maryland USA Dorchester WIDOWED [DIVORCED [ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Cambridge Cambridge during mast of working life, even if retired) Seafood Md. Hospital Waterman 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE Maryland 13b COUNTY Dorchester NO X None Creek 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last Samuel Tolley Rebecca colo be Parker 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) (f yes give war or dates of service) 212 16 7842 LeCompte Funeral Service records burial, crematian, ar remayal, attending phys The law requires that the death certil APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per the fat (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit permit. MMEDIATE CAUSE (a) Candit ans, if any, which gave t rise to immediate cause (o). signed by 1 Page 4 may be retained by the haspital ar attending physician. DUE TO OR AS A CONSEQUENCE OF stating the underlying couse: las1 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health priar to far use as the 190 DATE OF OPERATION 9b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO [YES [this certificate 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, flem 18) 216 TIME OF INJURY OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year State Dept. of (If either, natify medical exominer) detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY \$ 21f. LOCATION Street of R.F.D. No. City or Town State County While hot while at work and that in (my) (ext) apinion death occurred on the date and hour and from the 22a. I certify that (I) (this heapital) attended the deceased fram. saw the deceased alive on... director, page 3 should should be filed with the TO FUNERAL DIRECTOR: couses stated obave. (1) (we) (did (did first) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS 22d PHYSIC AN'S 22e. ADDRESS NO 23o. BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23d LOTAT ON (City or Town) (County) 1969 Hosier Memorial Churchyard Fishing Creek, Maryland 24 FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland DATE



1	1	MARYLAND STATE DEPARTMENT OF HEALTH 1685 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	06863
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month OF ESTI- DEATH MATED MAY	Day Year 2b HOUR 6P,
delay and 3	3. S	A RACE S DATE OF BIRTH Jan 23, 1906 6 AGE (in veors of birth doy) 63 YRS. 6 AGE (in veors of birth doy) 63 YRS. 6 AGE (in veors of birth doy) 63 YRS. 6 AGE (in veors of birth doy) 63 YRS. 6 AGE (in veors of birth doy) 6 AGE (in veors of birth doy	Year 69 2d HOUR
orm P	Coun	BIRTHPLACE (Stote or foreign 75 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH Dorchester	٧,
Sive Pages ng with far h the State		Cambridge Gambridge Md. Hospital	126 KIND OF BUSINESS OR INDUSTRY
hours after d trem 18. Give Office along w Tand 2 with the after death.	13o	USUAL RESIDENCE (Where deceased lived, if institution Residence before the creek of the count porchester creek of the count po	
hin 24 hours after death any marken lem 18. Give Pages 1, 2, piner's Office along with farm P pages 1 and 2 with the State Depart hours after death.	14. F	ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Riley Travers Betty	Travers
within 24 percettural commer's commer's le-pages 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? es. no. or unknown) (If yes give wor or darks of service) ADDRESS LeCompte Funeral Service records	
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UTY DICAL Iny, please exerted director. P be retained fai RAL DIRECTOR RAL DIRECTOR		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner CHIEF MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER ASS STANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ADDRESS(Street, city, town, or county) Callibrian	SIGNED
TO DEP necessor the fun 5 may TO FUNE Health		BURIAL (REMATION, PERMOVAL (Greatly) May 17, 1969 Dorchester Memorial Park Cambridge, Mary	(County) (State)
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS ADD	IGNATURE



					ND STATE DEPARTMENT OF I					
			06866	DIVISION OF VITAL RECORDS	VISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN CERTIFICATE OF DEATH					
· ·	. 2.	1 DI	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	6864			
	death and 2		fining age			Month Day	_Year			
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	ST X ST	70 E	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH				
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	ATTENDING stained by the CTOR: After the shauld be de ith the State		22a. I certify that (I) (He	is becomed the deced	sed from 2-2-7, 19 1 1967, and that in (my) (our) ap	inian death accurred on the date	27_, that (I) (we) last			
	ATTENI etained CTOR: A shauld ith the		causes stated above	e, (I) (we) (did) (did not) view th	e bady after death.	/	, und tradi und mum mo			
	R AT reto		22b. SIGNATURE	Real Took	AND STORES ATTENDING	AED STAFE 22c. DA	ATE SIGNED			
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	ration of Atti		22d. PHYSICIAN'S NAME (Type) Tion and	R. McWilliams, 1	22e. ADDRESS Box 248. I	East New Market, M	aryland			
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	direction of the state of the s		######################################				. ,,			
	===	_	FUNERAL DIRECTOR	ADDRE		Cambridge Dorc	GNATURE MO			
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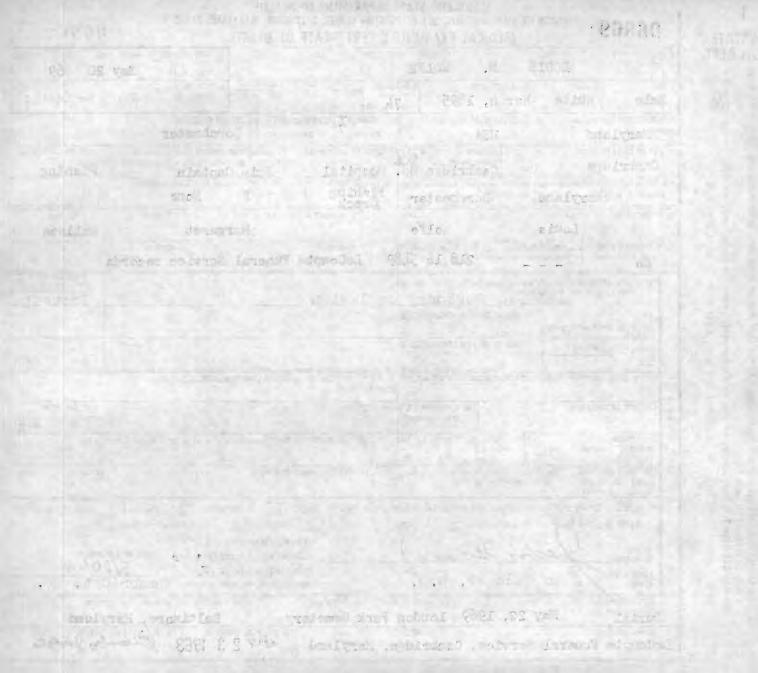
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	III N N D /	06865
	DECEASED NAME First Middle Last 2a DATE KNOWN Manth E (Type or Print) THOMAS ELLIER VASHINGTON DEATH MATED 11ay 2	
M	SEX 4 RACE S DATE OF BIRTH 6 AGE (in yours lost birthday) 10270 About 1295 1031 birthday) 1037 HOURS MIN Months DAYS	Year 19 69 1 A
(0	BIRTHPLACE (State or foreign 76 C.T.ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH properties of the country of Death willowed of the country of Death Dorchester	Md
	Federalsburg give street address) #1, Finchville during prost of working life even if retired) In	2b KIND OF BUSINESS OR NOUSTRY
./ 3	i. USUAL RESIDENCE (Where deceased lived, if not jution Residence before 13c. (ITY OR TOWN 3d INSIGE (ITY CHAIRS? 13e STREET AND NUMBER admission) MANEY 13b DOUNTC's ester Federal shurg YES NO 8 R.F.D. #1, Fin	chville
.4.	FATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Adam Vashington Lona (maiden name	tast unknown)
	. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, np. or unknown) (Hyes give wor en dates of service) 166 SOCIAL SECURITY NO 21 - 34 - 9287 Emily 'ashington, Tederalsburg, 1	
NO	18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONARY OCCLUSION UP TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH Instant
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MEDICAL CE	21o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21b TIME OF INJURY Manth, Doy, Year HOUR A.M. P. M. 19 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	1 IB.)
25	WHILE AT WORK AT WORK factory, affice building, etc.)	County State
	220. I certify that I taak charge of the remains described obove, held an Autopsy , Inspection X, Inquiry , death resulted from Natural causes X, Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE	GNED 69
23	BURIAL CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (CHY or Town) (C	(State)
	FUNERAL DIRECTOR From Mauston 16: ADDRESS 250 RECD BY REG STRAR 250 REGISTRAR SIGN Tramptom Funeral Hour, Federal Source, Maryland Doubles 0 1000 Williams	GNATURE



 	1		16868	DIVISION O	F VITAL RECORDS,	301 W. PRE	STON STREET, TE OF DEA	BALTIMORE,	1 MARYLAND 2120	068	866	
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	hyscian n pleas	160.	WAS DECEASED EVER IN US ARM es, no, of unknown) (Hyes give we	ED FORCES? or or dates of service)	166 SOCIAL SECURITY	NO 17 INFO	ormant cs. Edwar	d Payne	Addre , Phodesda	ie, Mar	ryland	
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	t OR ATT y be retain DIRECTOR age 3 shau filled with t		22b SIGNATURE	Lules	In an	DEGREE	ATTENDING PHYS 22e, ADDRESS	MED DIRECTOR	STAFF D	22c DATE SIGN	119	
	10SPITA ge 4 ma UNERAL ector, p auld be	230	NAME (Type) BURIAL CREMATION, 23b. D	5.1 Eco	230 NAME OF	CEMETERY OR CR	A	hory.	OCATION (City or Town)	County	y) (Stote)	
	OF ATENTAL		REWONG PRESING M	Tran		rado Cem	eterv	ECD BY REGISTI	Idorado N.	RAR'S S GNATUL	1	



<u>1</u>	MARYLAND STATE DEPARTMENT OF HEALTH DESCRIPTION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	6867
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day (Type or Print) LOUIS M. WOLFE 1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day OF ESTI- DEATH MATED May 2	Y Yeor 2b. HOUR
2, and 3 PM3. Po	3. SEX Male 4. RACE Mar 4, 1895 6. AGE (in years if under 24 HRS. If under 24 HRS. Months DAYS Hours Min. Month 5 Day O	Year 1959 2d. HOUR
	70. BIRTHPLACE (Stote or foreign Country OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH OUTS 9. COUNTY OUTS 9. COUNTY OF DEATH OUTS 9. COUNTY OF DEATH OUTS 9. COUNTY OUTS	Md
offer death 8. Give Pages olong with for with the State	10. CITY OR TOWN OF DEATH Cambridge 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MSIDE CITY LIMITS? 13d. STREET AND NUMBER	KIND OF BUSINESS OR USTRY Fishting
s ofter 18. Giv e olong 2 with 1 death	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) STATE Maryland 13b. COUNT Dorchester STATE Maryland 13b. COUNT Dorchester 13c. (11Y OR TOWN Fishing Creek 13	2.2.0**********************************
1 Hem 1 Hem 1 S Office 5 Office 5 offer d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	lost Wallace
d be executed within 24 hours ofter death d'pending" in pencil in Item 18. Give Pages 1, Chief Medicol Examiner's Office olong with form transit permit. File pages land 2 with the State Day event within 72 hours ofter death.	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes_no, or unknown) (If yes give war or dolles of service) 16b. SOCIAL SECURITY NO. 218 14 5489 17. INFORMANT LeCompte Funeral Service records	
red vol Ex	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INFERVAL BETWEEN ONSET AND DEATH
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N の名前に 草	21d. INJURY OCCURRED WHILE AND WHILE AT WORK A	ounty State
Kecu Por for iol,	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry ,	and in my opinion
TY SICAL E y, please execu- eral director. Pag- be rationed for tal DIRECTOR: prior to buriol,	death resulted from: Notural causes 🔀 , Accident 🗌 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗍	
JTY SIC. Iny, please e eral director be retained RAL DIRECT RAL DIRECT	ACTUAL SIGNATURE ACTUAL ACTUAL SIGNATURE ACTUAL	IFD
o DEPUTY SICA necessary, please extree funeral director. 5 may be retained o FUNERAL DIRECTOR Health, prior to but		0/69
the Fee	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (COU	inty) (State)
	Burial May 22, 1969 Loudon Park Cemetery Baltimore, Mary. 24 FUNERAL DIRECTOR ADDRESS 25G. REC'D BY REGISIRAR 25b. REGISIRAR 5 SIGN.	Land
VR A15ME 151	LeCompte Funeral Service, Cambridge, Maryland DATE MAY 2 3 1969 Conference	o Judge



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	filled pape pape thin 7		10. C	TY OR TOWN OF DEATH		11, NA	ME OF HOSPITAL OR IN	STITUTION (If	not in hospitol		UPATION (Kind of wor		12b. KIND OF B	
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	pe au	1		PHILLIP			MORRIS			JANE			CLASH	
	cior cior eos ond		16a.	WAS DECEASED EVER IN ILS	ARMED	FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT		Ac	ddress	0.221044	
	ifico jp		Y	es, no or unknown) (If ye	S MAG MOL O	or dates of service)	214-07-92	283	CORA	WOOLFORD	601 HIGH		ET 27	613
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	for for free free free free free free fr		CAL	TO DR CONTRIBUTING TO CAUSE O	E DEATH	HOUR AM	Month Day Year		IOTI HOOKI DEC	OWNED (FINE) HOLD	e of injury in rail 1 of	PULL Z, IR	8111 10.)	
	rspi pspi cert hed t. o		MEDICAL	(If either, notify medical e			AT HOME, FARM, STREET, FAC		OCATION Street	A DED No	/hy		C1	F1. 1-
	PH)			While Not while	216. LP	ACE OF INJUNT	OFFICE BUILDING, ETC.	211.	OCATION Street	OF K.I.D. NO.	City or Town		County	State
	de te			JI WOLK OT WOLK	fahin	haratanti nata	-1-141	A A	pr11 2.	19 69	to May 5,	10	69	(N) 4 N 1
	Afte be Ste			22a. I certify that (1) saw the decease	d alive	naspirali alle	naed the decept	o Hom	d that in (m)	() (our) opinion	death occurred an	, 19_	, that i	(I) (we) last
	R: DR: The			couses stated a	ove, ((we) (did)	old nat) view the	body after	death.	// (oor) abilitati	oeam occorreg an	me don	e alla navr a	na from the
	P S C S S S S S S S S S S S S S S S S S		ı	22b. SIGNATURE	Z	1x1		1				22c. Di	ATE SIGNED	
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